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Lectures on Displacements of the Uterus. By E. R. PEASLEE, M.D., LL.D., Professor of Obstetrics and Diseases of Women and Children in the New York Medical College.

(Delivered during the Session of 1859-60.)

GENTLEMEN—In conducting the Clinique for the Diseases of Women and Children during the present session, I shall first call your attention to displacements of the uterus. Some knowledge of the pathology and treatment of this class of diseases should be possessed by every practitioner; though, as a matter of fact, they are by a majority of our profession entirely overlooked. The clinique will constantly supply a large number of cases illustrative of the principles I shall adduce; and, avoiding all needless discussion, it will be my object, in as concise and familiar a manner as possible, to aid you in recognizing and appropriately treating the diseases under consideration. The other affections of the uterus and its appendages will receive attention in a subsequent part of the present course.

The displacements I have to consider are:

Prolapsus;
Retroflexion;
Anteflexion; and
Inversion.

But, before entering upon these respectively, certain preliminary

topics present themselves; and to these alone the present lecture is devoted—viz.:

I. The structure of the uterus.

II. Its normal position and relations to other parts and organs.

III. The agencies which maintain it in position.

IV. I shall also consider, *in general*, the causes of displacements of the uterus. V. Their symptoms. VI. The methods of recognizing them; and VII. Their prognosis.

I. Of the *structure of the uterus* and its appendages, and of the vagina, I have given a detailed account in the first part of my course on Obstetrics. I shall here merely recapitulate such facts as are necessary to a correct idea of the class of cases I am about to bring before you.

The *uterus* is of a flattened, pyriform shape, and is divided into body and neck, (the upper part of the body being also termed the *fundus;*) the former being $1\frac{1}{2}$ to $1\frac{3}{4}$ inch, and the latter about $1\frac{1}{4}$ inch, long. The whole uterus, therefore, measures from $2\frac{1}{2}$ to 3 inches. It is $\frac{3}{4}$ to 1 inch thick, antero-posteriorly; and about 2 inches wide across the widest part of the body. The neck, or *cervix*, is $\frac{7}{8}$ inch to 1 inch thick. The whole organ weighs 7 to 10 drachms in the virgin state, and from 12 to 16 drachms in those who have borne children. After the child-bearing period has passed, however, the womb becomes gradually atrophied, and in the very aged woman becomes as small as in the girl before puberty.

In speaking of the *cavity* of the uterus, we must, as before, distinguish between the body and the neck. Indeed, for all practical purposes, and especially in treating of displacements, the body and the cervix must be regarded as distinct, though continuous, parts. The proper *cavity* of the uterus corresponds with the body merely—though in length only, and not in form. It is an isosceles triangle in outline, its apex merging into the upper extremity of the canal of the cervix below, while its other two angles extend above to the entrance of the oviducts, or Fallopian tubes. As the anterior and posterior walls of the uterus are very nearly in contact, the cavity, just bounded, can contain only a few drops (some say 15 to 20) of any fluid. It is lined by a layer called a mucous membrane; though it cannot be regarded as such on any physiological grounds, and should be regarded in its natural state merely as an undeveloped decidua, as I have explained to you. It is from $\frac{1}{2}$ to 1 line in thickness, whitish-red, and remarkable for the immense number of simple tubes, termed glands, which penetrate its entire thickness to the subjacent muscular layer.

The *canal of the cervix* is continuous with the cavity of the uterus just described, but different in all respects. It is about $1\frac{1}{4}$ inch long, is spindle-shaped, (the upper extremity being smaller than the lower,) and is flattened from before backward. Its upper end is termed the *orificium internum* of the uterus, and the lower is called the *os* uteri. The latter often, in the virgin state, but by no means always, terminating (as is seen through the speculum) in a curved outline, with a prominence of the neck both before and behind it—the term os tincæ, or tench's mouth, has been applied to it; and the prominences just mentioned are called respectively the anterior and the posterior lip of the os uteri. Very often, however, these two lips are not to be distinguished; the os being an opening in the centre of the cervix, while the latter is equally prominent on all sides, or is less prominent behind than before, as is more frequently the case. After parturition, also, the aperture of the os becomes transverse. You must, therefore, have no definite preconceived notion of the precise form of a patient's os uteri and its immediate surroundings, more than you would have of her nose, or any other feature of her countenance. Whether there be disease or not, you have therefore to decide, in very many cases, otherwise than by a reference to the precise conformation of this part. Anatomical treatises give you what may be termed the typical conformation; but to which only a small minority very accurately correspond.

The canal of the cervix is lined by a membrane entirely different from that lining the uterine cavity. It is folded into an immense number of laminæ, as Dr. Tyler Smith has demonstrated; the depressions between these offering a large secreting surface, which he terms an "open gland." Its clear, viscid secretion partakes of the properties of mucus, has an alkaline reaction, and to the eye much resembles the white of an egg. Just within the os uteri, and around it also, tactile papillæ are developed in considerable numbers, to which the sensibility in most women, of this surface, is due. The cervical canal and uterine cavity are together $2\frac{1}{4}$ to $2\frac{3}{4}$ inches long.

Finally, the uterus consists, histologically, of three layers of non-striated muscular fibre, arranged as I have before explained. These constitute the whole mass of the organ, (both body and neck,) except the lining membranes already described, and the peritoneum, which invests the body and a part of the neck of the organ externally. Vessels and nerves are abundantly distributed to the uterus; but of these I need not here give a particular description. I should, however, call attention to the fact that the walls of the uterus are thin-

nest—and especially the anterior wall—at the junction of the body with the cervix; and therefore it is at this point that flexions of the organ occur.

The Fallopian tubes, or *oviducts*, are two muscular tubes prolonged from the two upper angles of the uterine cavity, as before described; are from 3 to 5 inches long, extending to the right and left ovary; having a calibre or *lumen* only $\frac{1}{20}$th of an inch in diameter at their orifice, but terminating in a trumpet-shaped opening, with an irregularly-serrated border. One of these serratures is attached to the outer end of the ovary; and the latter is also attached to the uterus by a ligament composed mainly of muscular fibres, which thus reach out to it from the muscular layers of the uterus. Of the structure of the ovary it is not my present purpose to speak.

The two *round ligaments* are also two muscular arms, from 4 to 5 inches long, thrown out from the sides of the body of the uterus, each reaching down into the internal abdominal ring, passing through the inguinal canal, and terminating in the labia majora.

A fold of the peritoneum invests the uterus itself, and the appendages just mentioned—oviducts, ovaries, and the two sets of ligaments—both before and behind; and this fold, stretching completely across the pelvis, and inclosing these parts between its two layers, constitutes the *broad ligaments* of the uterus. They also contain some muscular fibres, extending between their two layers from the uterus.

On the other hand, the *vagina* may also be regarded as a prolongation of the uterus downward; it being essentially a muscular tube lined by a mucous membrane, and its muscular structure being continuous with that of the neck of the uterus. This tube is so curved as to constitute a part of the parturient canal, as I have before explained to you; its anterior wall being 4 to 5 inches, and the posterior 5 to 6 inches, long. But its precise relations to the cervix uteri will be explained under the following head.*

II. What is the *natural position of the uterus*, and its relations to other parts and organs?

Placed between the two layers of peritoneum constituting its lateral ligaments, the uterus is situated in the adult female very nearly in the axis of the superior strait of the pelvis; its fundus rising to a point just below the level of its superior plane. Its position is, however, not precisely vertical; but it is slightly curved anteriorly—this

* For the full particulars respecting the histology of the uterus and its appendages, I refer to my work on "Human Histology," pp. 559–566.

curve corresponding with the axis of the parturient canal, as I have previously explained to you. Thus, the fundus of the uterus is about three-fourths of an inch in front of a vertical line touching the posterior surface of the neck; so that, seen in a side view of the bisected pelvis, it appears somewhat anteverted; or the fundus and body appear to have fallen forward. It is attached in front, by a fold of the peritoneum, to the posterior surface of the bladder; and behind, the same membrane, after covering it, extends 1 to 1½ inch over the posterior wall of the vagina to Douglass' *cul-de-sac*.

The relations of the uterus to the latter canal are of great practical importance. Tracing the vagina from below, it passes about half way up the neck or cervix, and terminates by being inserted into and around the neck at that level. Thus, the lower half—or ½ to ¾ inch—of the uterine neck will be found projecting into the upper extremity of the vagina—and this is called the vaginal portion of the vagina; while the remaining portion is above the vagina. The length and other dimensions, however, of the vaginal portion differ very much in different subjects.

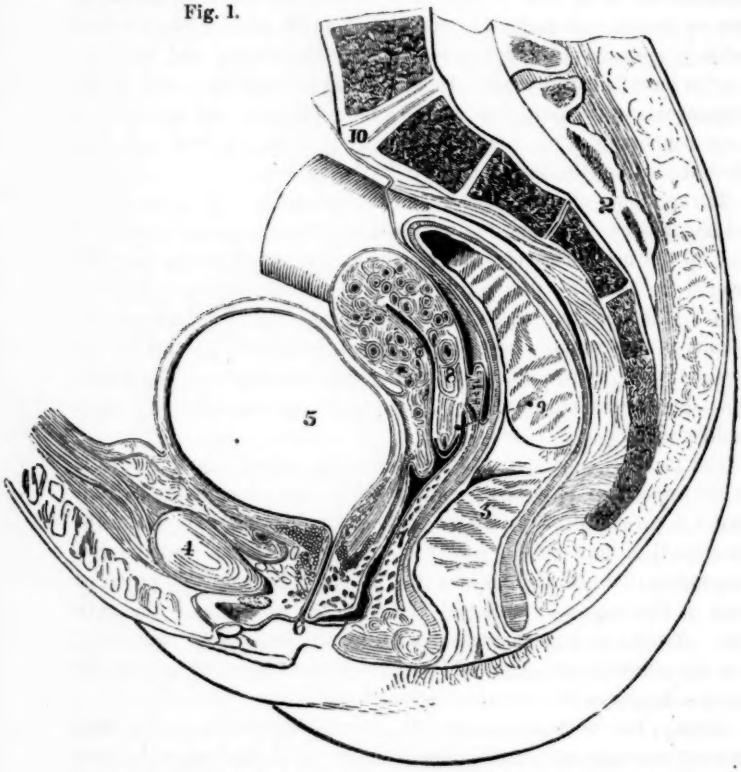
The os uteri (and cervix) is not, however, placed exactly *centrally* in the upper extremity of the vagina, but is somewhat farther in front than the precise centre. There is, therefore, less space between the anterior than between the posterior wall of the vagina, and the corresponding face of the neck of the uterus. Besides, the posterior wall of the vagina is attached higher on the neck than is the anterior. These two facts may be added to the one before mentioned, viz., the *concavity anteriorly* of the canal of the vagina, to account for the less length of the anterior vaginal wall.

Finally, the os uteri is about 3½ inches (some say 4 inches) from the ostium vaginæ, in nulliparous women; or, if the vagina be very short, the distance may not be more than even 2 inches. It is therefore above, (at least an inch,) and not at all directly supported by, the levator ani muscle. And, as the rectum is in its normal state collapsed, except during the act of defecation, it normally exerts no indirect pressure on the cervix. The accompanying diagram illustrates the relations of the parts just described.

Such are the normal position and relations of the uterus, in the nulliparous woman. But I should add, that in many who have borne children, this organ has a considerable latitude in these respects; the position varying in various ways, within certain limits from the account I have given; though these variations may produce no symptoms, and require no treatment. Not seldom, the same uterus will

be found in a particular position at one examination, and in another a day or two subsequently.

Fig. 1.



Right half of bisected female pelvis, after Dr. Kolrausch; taken, by permission, from the American edition of Dr. T. Smith's Lectures on Obstetrics.

1, Right buttock; 2, sacrum; 3, rectum; 4, symphysis pubis; 5, bladder, crowding uterus somewhat backward; 6, urethra; 7, vagina; 8, uterus; 9, the Douglass *cul-de-sac*, between uterus and rectum; 10, articulation of sacrum with 5th lumbar vertebra.

III. How is the uterus maintained in the position which has just been specified?

1. The *direct* supports of the uterus are the broad, the round, and the utero-rectal ligaments.

The *broad* ligaments, already described, in their normal condition, keep the body of the uterus from falling directly forward, or directly backward or downward. Indeed, if they do not yield at all, they may serve to prevent displacement of the body of the uterus in any direction. But, as they stretch completely across the pelvis, and in-

close the uterine body in their central position only, it is evident that if they become relaxed or elongated by any cause, they so far cease to fulfill this function, and allow more or less displacement of the inclosed organ, in any and in all directions; and their tonicity will of course vary at different times, since they contain muscular fibres.

The *round* ligaments maintain the body of the uterus in its natural slightly anteverted position; or, in other words, they do not allow it to fall backward from that position. If stretched, or shortened, they of course fail proportionately to fulfill their precise office. They are also essentially muscular—containing some striated, but principally non-striated, fibres; and therefore vary in their contractile conditions.

The *utero-rectal* ligaments are mainly folds of peritoneum, extending backward from the sides of the womb to the rectum; and these ligaments prevent the lower part of the body and the upper part of the cervix from coming forward beyond a certain distance (about 1½ inch) in front of the sacrum. They form the sides of the *cul-de-sac*, Fig. 1, 9.

The *cervix* of the uterus is also directly supported, as has been shown, by the posterior wall of the bladder, and by the vagina also, provided the latter maintains its position. It can, however, accomplish this, and support the cervix, only in virtue of its contractile power: *i. e.*, if, being a muscular tube, it contracts so firmly as not to allow the uterus to descend into it, (provided its other supports, before mentioned, allow it to descend,) it directly supports it; but if its contractile force is essentially diminished, it renders no such aid as has been ascribed to this canal, in preventing the descent of the uterus. On the other hand, in many cases in which the vagina has lost its tone, the other direct supports of the uterus are found sufficient to sustain it and its appendages, and the upper portion of the vagina also.

2. The uterus is also *indirectly* supported in its position by the rectum, the levator ani muscle, and the perineum. By this I mean to say, that if the direct supports of the uterus fail, these parts will arrest its tendency downward towards the os externum; or that, if these parts, on the other hand, lose their natural position or their force, the direct supports before mentioned may not alone be found sufficient to maintain the womb in position, and displacement, therefore, ensues. Thus, prolapsus uteri often occurs in consequence of prolapsus of the rectum, rupture of the perineum, or loss of tone of the levator ani. The important relations of this muscle in the female will be discussed in connection with prolapsus of the uterus.

IV. The *causes* of displacements of the uterus are therefore, in general, as follows:

1. Agencies which weaken the direct supports of the uterus. And since the latter are principally muscular in structure and in action, I may mention, under this head, general debility, (as in anæmia,) relaxation after delivery, and great efforts, even in the unmarried, especially during the monthly period.

2. Any agency enfeebling the indirect supports above mentioned. And here should be mentioned especially the effects of child-bearing in relaxing the levator ani, and the other parts included in this class.

3. Any cause increasing the *weight* of the uterus itself, and its appendages: *e. g.*, congestion, inflammation, hypertrophy, induration, scirrhus, fibrous tumors, or polypus of the uterus; moles, hydatids, and early pregnancy.

4. Pressure upon the uterus by displaced or enlarged contiguous organs, (bladder or rectum;) by tumors of the pelvis or abdomen, ascites, and ovarian disease.

V. The *symptoms* of the various displacements of the uterus are by no means so distinctive as is often supposed. Some, and often many, of the following symptoms are common to them all, and to several other uterine affections: A feeling of fullness in the pelvis; a bearing-down, a dragging, or an aching sensation in the umbilicus, hypogastrium, pelvis, loins, sacrum, nates, groins, or thighs; frequent or difficult micturition; constipation and tenesmus; a tenderness of the cervix uteri on pressure, especially of its posterior portion; and some derangement of menstruation, and a leucorrhœal discharge. Subsequently, also, the stomach becomes deranged, and the bowels inactive; the appetite diminishes, and the spirits are depressed. Not seldom, these latter symptoms occur without having been preceded by the former to any marked extent, and their true cause would hardly occur to one not familiar with this class of ailments. In such cases, the poor patient too often receives but little sympathy from her friends, and perhaps from her husband, even; being regarded as merely nervous, hysterical, or hypochondriacal—terms which, in common parlance, are used to cover cases which are supposed to have no cause but in the imagination, and which are assumed to be attended by none but imaginary suffering. But if any person more than any other deserves, and also actually needs, sympathy, it is a woman who thus suffers from a cause unsuspected by herself, or knowing which, she must still conceal it from those around her.

We can therefore very seldom decide with any degree of assurance, in any given case, from the rational signs merely, that any particular displacement exists rather than another; or, indeed, that we have a case of displacement, rather than of inflammation or ulceration, or

some other affection still, of the uterus. We can obtain a correct diagnosis with certainty, only by means of an internal examination; and to this topic we next devote our attention. To the *rational* signs I shall therefore give but little prominence, when I come to speak of these displacements in detail.

VI. Uterine diseases are, at the present day, diagnosticated, as you are aware, mainly by the touch, the speculum, and the uterine sound.

The *speculum* is invaluable, in its proper use; but it has no place in the diagnosis of mere displacements of the uterus. I have explained its value in the diagnosis and treatment of certain other affections; and which I could not conscientiously treat, at the present day, without its aid. But it should be a rule never to use it unless absolutely necessary; and therefore I have no more to say of this instrument in connection with my present subject.

But the *uterine sound*, invented a few years since by Prof. Simpson, of Edinburgh, here finds its appropriate sphere. Indeed, there are many cases of deviation from the normal position of the uterus which cannot possibly be recognized without it. In all doubtful cases, therefore, the sound should be used; but with this proviso—*it is never to be used in any case, unless we previously assure ourselves, from positive reasons and testimony, that the patient is not pregnant.*

Some very frightful stories have been told of the danger to the female from passing a sound into the uterus; but you have seen the operation so often performed at the clinique with entirely negative results, so far as any sense of injury is concerned, that you will hardly credit them. It is not to be denied, however, that there is sometimes a degree of hyperæsthesia of the uterine lining membrane which renders the introduction of the sound exceedingly painful; and in a single instance, you will recollect that a patient nearly fainted from the pain and shock, but very soon rallied, and walked home without any difficulty. The simplest operation sometimes produces unusual and unexpected results. The passage of a bougie into the bladder of a male has been known to produce even a fatal shock. Still, no one hesitates to perform that operation in circumstances requiring it. I should say that, generally, the uterine sound produces far less suffering, and subsequent irritation, than the vesical catheter; and I have never in a single instance witnessed any serious symptoms after its use which I could attribute to it alone. Of course much harm can be done with it, if guided by a reckless head and hand; and the utmost delicacy in its application is essential.

Of the *touch* I need only say, it is also indispensable to the diag-

nosis of these displacements. It is usually performed by the index finger alone, and in a manner with which you have been made familiar. There is an advantage in habitually applying it with the same index finger, whether the right or the left, as the sense becomes thus more highly developed and educated for such purposes. I have found much advantage from using the left forefinger for delicacy of touch, and the right in all cases requiring the exertion of strength.

VII. Further, I have a word to say on the *prognosis* of uterine displacements. Those who have had much experience in their treatment will not be too sanguine of a complete cure in most cases, unless the patient can be kept in the most favorable circumstances, and for a sufficient length of time; and this is, in a majority of cases in private practice, quite impossible. We can, however, almost always expect to secure much alleviation of the symptoms, and very often expect to remove them entirely. But we can in no case guarantee exemption from a relapse, if a complete cure is effected; since the same causes may reproduce the disease, and especially in the married.

Do not understand me to underrate the benefits of appropriate treatment in the displacements under consideration; for I could not mention another department of medical practice in which so much suffering is removed as by their appropriate management. I only wish to caution you against that enthusiasm which often, in a young or an ignorant practitioner, would promise a complete cure in circumstances or in cases which admit only of more or less relief. The more we have to do with this class of cases, the more sanguine shall we be of affording vast relief, and the less of a complete and permanent recovery. You will therefore not, I trust, adopt the custom of some who promise a cure for a certain sum of money paid in advance.

Of the treatment calculated to insure the best results, I will speak in connection with each particular displacement.

The Power of the Iodide of Potassium in Expediting Mercurial Salivation. By BERNARD KELLY, M.D., Physician to the New York Dispensary.

Most physicians, in extensive practice, must have from time to time observed that there are many patients, who, from some unknown idiosyncrasy, obstinately resist the action of mercury for a long-protracted period, or even indefinitely. Hence the various expedients adopted by them for the purpose of bringing the refractory system under its

influence. Some employ the endermic and iatroleptic modes; some fumigations; and others, the introduction of blue ointment within the rectum. These several methods rarely fail when tried separately, or in succession. All of them, however, are attended with no inconsiderable amount of labor, loss of time, and indelicate exposure, which last (in case of females being subjects of treatment) involves no trivial obstacle to their indiscriminate employment.

We have never failed to produce the specific action of mercury, in a remarkably short space of time, by the simultaneous use of large doses of the iodide of potassium. This method possesses many peculiar advantages over those already mentioned. In the first place, it is expeditious and quite manageable, incurring neither unnecessary labor nor exposure; and secondly, the salivation induced by their combined action is fully as efficacious as that produced by mercury alone; with the additional advantage, that the ptyalism, brought on by the assistance of the iodide, is always milder; never producing the horrible fœtor and sloughing so characteristic of the former agent, and usually subsides within the space of a few days. These considerations are very important, in a practical point of view, when nothing short of salivation is to be relied upon in the treatment of a grave disease; or when our patient, as it often happens, is an aged or debilitated subject, or one in whom the depressing effects of mercury are to be cautiously guarded against. By this means we can graduate, as it were, the precise amount of ptyalism to be induced in any given case; and also, when the urgency of the symptoms demands a prompt and decided action, greatly diminish the length of time necessary to bring about the desired result.

In treating infantile diseases, both substances should never, in our opinion, be given simultaneously. We remember one case, in particular, where a dangerous salivation, which all but terminated fatally, had been induced by a few doses of calomel, a solution of the iodide of potassium being administered at the same time. The little patient had been suffering from an acute attack of meningitis, but ultimately recovered from the complication of both affections—thanks to the fortunate services rendered by the internal and topical employment of quinine and the chlorate of potash. The *nimia cura medici*, which is always a source of error to the practitioner, and mischief, if not death, to his patients, becomes doubly so when active agents are blindly pressed, through an overweening solicitude to heal. The well-known difficulty of inducing salivation in the child by the ordinary means, lends additional testimony, through the example cited, of the facility

with which mercury exerts its specific action upon the human system, when aided by its great rival and frequent substitute—the iodide of potassium.

This fact, as far as we are aware, has not been broached, as yet, by any of our professional brethren; and, therefore, we shall feel amply gratified should its knowledge prove an effectual means to check the rapid course of a formidable disease; or serve as a beacon to warn them in time of the shoals and quicksands on which, unconsciously, they may happen to be rushing.

Notes and Sketches preparatory to a Treatise on Diseases of the Tropics. By G. VAN ARCKEN, M.D., Bogota, New Grenada. (Continuation and conclusion, from p. 52, Nov. No., 1859.

Prostatitis.—Chronic inflammation of the prostate gland, as a consequence of neglected or ill-treated gonorrhœa, is a very common disease in the tropics. As it mostly happens in old and debilitated subjects, much benefit may be derived from tincture of bark, with small doses of bi-chloride of mercury or of iodide of potassium.

If the disease partakes more of an acute character, the warm hip-bath, fomentations, poultices and leeches, do great good.

In some extreme cases, where the urine is passed with great difficulty, and dilatation by bougies has been found impracticable, cauterization, by means of a small quantity of nitrate of silver, either in powder or in ointment, may be resorted to, and repeated according to circumstances.

A liberal diet should be allowed in all these cases, and an occasional tonic infusion or tincture given.

Syphilis.—In all the history of mankind, there never was a more shameful untruth told, a more grievous wrong committed, than when some medical humbug raised the story of the American origin of the venereal disease, which, they say, was first imported from the New World by the crews of Columbus. I have often wondered how men of high standing in the medical world could possibly countenance such a gross absurdity.

Wherever prostitution is restricted to a few women among a crowd of men, there various classes of foul diseases must be generated.

The vaginal secretions of many a healthy woman will sometimes produce either a gonorrhœa, balanitis, or even slight ulcers, especially

in those persons the mucous membrane of whose genitals is so delicate as to be affected by the slightest resistance which the vagina may offer to the entrance of the male organ. But these cases are easily distinguished by their benignity; a strict attention to cleanliness, rest, and a slightly astringent lotion, being sufficient to effect a cure.

In hot countries, where people are always more or less lasciviously inclined, a slight urethral discharge may be brought on by venereal excesses, which may afterwards be converted into gonorrhœa by intercourse with a woman, who, although chaste, suffers from some slight vaginal discharge.

At any rate, I consider it my duty to take a decided stand against the pretended American origin of venereal diseases, simply because, in all my travels in North, Central, and South America, I have always found the pure Indian breed a remarkably healthy race, entirely free from syphilis; while, on the contrary, the mixed races are a continual prey to it.

As I have already remarked, the treatment of primary syphilis is much more easy in hot than in cold countries. Within the first fourteen days, an occasional dose of calomel and jalap, followed by epsom salts, and emollient applications to the ulcer, is all that is required. If the disease is of longer standing, and the edges of the ulcer already hard and callous, the mildest mercurial preparation, hydrargyr. c. creta, may be given in two-grain doses, every night, for ten or twelve days. There is hardly ever any difficulty in curing the ulcers, and, as a general thing, the soothing applications bring about the desired effect much more promptly than caustics.

With regard to secondary and tertiary syphilis, although it is true that in some constitutions the corrosive sublimate, in tincture of bark, will act like a charm, still my general experience has gone against mercurials, and I now consider them, in this peculiar class of diseases, to say the least of them, very fallacious remedies.

Most of these cases can be completely cured by a purgative regimen, continued with intervals for four or six weeks; and if afterwards any lingering disposition remains behind, the best remedy I know of is Fowler's Solution, in ten-drop doses, twice daily for a few weeks.

Formerly I had great faith in the vegetable remedies, so extolled against this disease by some practitioners, especially sarsaparilla, guiacum, quassia amara, and sassafras; but after having given them a fair trial in several cases, where mercury and iodine were not admis-

sible, I found them to be nothing but trash, on which money and time were thrown away.

The arsenic has failed only twice in my hands, and in those two cases I effected a cure by tincture of tartrate of iron and potash, in twenty-drop doses, three times daily for about six weeks, the drops being taken in a spoonful of old Hock.

Cystitis.—The acute and the chronic form of this disease form, with regard to frequency, the most complete contrast. The acute, very rare indeed, has but twice come to my notice; the treatment does not differ materially from that pursued in colder latitudes.

The chronic form is of so frequent occurrence, that hardly a day passes without my being consulted about some form or other of this most fatal disease. I say most fatal disease, because the patients have seldom sufficient endurance to remain in the charge of a physician until a complete cure is effected; and being only partially relieved, the first cold or wetting of the feet is sufficient to bring on a new and aggravated attack. This happens over and over again, and at length the patient, worn out by want of sleep, agony and hectic, dies a most wretched death.

I take it for granted that all my readers know how to mark the exact diagnosis of a chronic or latent inflammation of the mucous membrane of the bladder.

The first attack of this disease is but rarely characterized by grave symptoms, and frequently it commences so insidiously that only by some accident the patient discovers a cloudy state of the urine, which alarms him.

For this I prescribe, first an infusion of senna, with salts, and afterwards, every night and morning, a Seidlitz powder. This, together with an occasional tepid bath, and a vegetable diet, is sufficient to effect a cure in from 15 to 20 days.

Let us suppose now that the patient, seeing himself relieved at the end of eight days, thinks, as so many do under similar circumstances, himself cured, and goes to work again.

A few months afterwards he gets by chance a severe wetting, and on the next day he feels a strange sensation on voiding his urine; that is to say, the moment he commences to pass it, a strange sensation creeps over him, which gradually increases, until it amounts to a positive deep-seated pain in the bladder. The same medicines and diet are again taken hold of, and at the end of four weeks the patient goes to work again, being directed to take, for at least six weeks, three times daily, ten drops of the muriated tincture of iron.

But as this medicine is not very agreeable to take, after using it two or three days, in a fit of rage, he pitches it out of the window.

Still, he never feels himself entirely well, and on certain days an aversion to walk or move comes over him, which gradually increases, until, according to his own saying, he is too lazy to get out of bed.

Matters now grow rapidly worse; in the urine there appears a thick, muco-purulent deposit, and occasionally the whole is tinged with blood.

Extract of uva ursi, buchu, catechu, and opium are now prescribed, and after a partial re-establishment has been effected, the muriated tincture of iron is taken up again.

Perhaps the patient goes on improving for some time, but sooner or later a new symptom appears, which rather annoys him, to wit: he cannot retain his urine longer than one hour at furthest. The pain after passing urine becomes worse; and now, when the first drops of it pass the urethra, it scalds like fire.

Venetian turpentine, balsam of Peru, and other remedies of a similar nature, are now employed; at first they produce a temporary relief, and then the disease continues its course. At length the attending physician sees the uselessness of all internal remedies, and proposes injections into the bladder. If the patient be a male—good; but if a female, their universal answer is, Rather die! And die they do, soon after, of exhaustion, want of sleep, and hectic.

The remedies for injections are those used for diseases of the urethra.

I generally commence with barley-water, then diluted liq. plumb. acetat., and go then over to sulphate of zinc and nitrate of silver. In those cases where injections are resorted to at the right time, a permanent cure is sometimes effected; but those cases are the exception; the rule is death in from two to four years' time from the first attack of the disease.

On Fevers in general.—It has been truly said that America is the home of fevers of every possible description; and if both the polar extremities are comparatively free from them, so much more do they abound in the tropics.

No disease whatever, the slightest ailment, a toothache, for instance, let it continue for a week, and soon the experienced physician will see the pain become periodical, and assume in a few days more the type of an irregular intermittent fever.

It is this which mostly astonishes newly-arrived physicians, for their general opinion is, that all practitioners become here empirics; while, on the contrary, it is experience which teaches us to employ quinine in

a great many cases "*for which it is not recommended in the books.*" Quinine is the great remedy of America; but it is a remedy that few know how to give with advantage. As my space is limited, I must abstain from giving my opinions about its uses and manner of employing it, except in cases of genuine fevers, where I shall state my manner of administering it in a few words.

Intermittent Fever.—As in all other countries, this is the kind of fever which most frequently occurs. It is remarkable only for its obstinacy; in the majority of cases, quinine in scruple doses will break it up; the same remedy must afterwards be continued, partly to prevent a relapse, partly to assist nature in performing the necessary amount of repair. Three grains every night and morning are sufficient for this purpose; but it must be continued at least three weeks.

In cases of several months' standing, although quinine will break the fever up, alone it is seldom able to cure it. In those cases, I prefer the new preparation, called Chinioidine, of which I give, twice daily, three grains, with an equal quantity of quinine. I continue this for about six weeks, suspending its use once every fourteen days, for the purpose of giving a strong dose of epsom salts. After this, I let the patient take, for some three or four weeks, daily, six grains of ammoniate of iron, to correct any obstruction in the portal system; and should the spleen be enlarged, employ iodide of lead externally.

It is but seldom that the plan proposed above has failed me, and in those few cases, Fowler's Solution, in ten-drop doses, continued for several months, effected a cure; still, I do not like to employ it, for it mostly deranges digestion to a considerable extent, a very disagreeable attendant in cases of fever.

Congestive Fever.—Formerly, I thought there was nothing like the congestive fever of New Orleans and the surrounding countries, but my travels on the plains of Venezuela have convinced me that the latter country decidedly deserves the not very enviable reputation of being the home of fevers; congestive fever foremost.

In the States, very few cases die in the second chill, most of them in the third. In the plains of Venezuela most all die in the first chill, and but few survive to sink under the first blow of the second.

It may be asked, What can a physician do against so terrible a disease? That is the same question which I asked myself and my confrères, when first arriving in that woe-begotten country. My confrères answered me with a shrug of the shoulders.

Still, I did not despair, and if I could not save all my patients, at least I have saved the majority of them.

This is my plan of treatment:

The disease being of so fatal a nature, my chief aim is to economize time, and to bring about an ample reaction without delay. For this purpose, I take a spoonful of mustard, common salt, or some ipecac, put it in a tumbler of tepid water, and make the patient take it. Ten minutes after that, I commence slowly to roll the patient from side to side, and if this does not cause him to vomit pretty soon, then—*ultima ratio*—I push two fingers down his throat.

This is followed immediately by copious vomiting, which must be encouraged by plenty of tepid water, with some salt in it.

The effect of a vomit at such a critical moment is to make the fever jump from the first state to the third, entirely superseding the second. Directly after the vomiting has ceased, the patient commences to transpire most copiously; and, as soon as this shows the slightest tendency to stop, then is the time to give quinine.

The vomitive mostly leaves the stomach in rather a tender state, which makes it impossible to give any medicine internally; for that reason I dissolve, say half an ounce of pure quinine in four ounces of sulphuric ether, and to facilitate the dissolving, add half an ounce of liquor ammoniæ. One-half of this solution is rubbed in on the abdomen and under the arm-pits of the patient; the same is repeated with the remaining half about six hours afterwards.

This is all the treatment that is required. In some few cases there comes on, the second or third day afterwards, a trifling chill; but if, on the day after the first attack, there be no quininism, a scruple of quinine should be taken in some strong coffee, and the dose repeated six hours afterwards; and if due attention is paid to this, there is no danger whatever of relapse. Let nobody be scared at the tremendous dose employed externally; I lost several patients before I became bold enough to use it, thinking that one or two drachms were sufficient.

Yellow Fever.—I refer my readers to the May number of the Monthly, for 1858, in which they will find a description of my experience in this disease during my stay at Port-au-Prince; I have nothing to add to the treatment which I have minutely described in the article alluded to.

Typhoid Fever.—About this disease, so frequent in the tropics, I have nothing new or important to say, except to detail my method of giving quinine.

It is a fact known to every practitioner, that in no disease is there such a diversity of opinion with regard to the employment of quinine,

as in this. I am not vain enough to flatter myself with the idea of having discovered the cause of this diversity of opinion, based, of course, upon different results; but I can state, that since I have adopted my present plan, not one-fourth of my patients suffering from this disease have been over one week in bed. My plan is as follows:

In all fevers of a typhoid character, the functions of the alimentary canal, and of the skin, are, from the beginning, entirely prostrated. This is the reason why no remedy, especially quinine, whether given internally or externally, can produce its effect, for not a particle of it enters the circulation.

My plan of treatment, then, is to rouse both to increased action.

On the first day, I give the following:

R.—Sulphatis magnesiæ, ... ℥ij.
Tartari emetici, ... grs. viij.
Aquæ fontan., ... ℥viij.

M. et solve.

S.—Give two table-spoonfuls every fifteen minutes, until copious vomiting has taken place; after that, repeat the same dose only every two hours.

The second and third day I give:

R.—Decoct. seminis hordei, ... ℥vij.
Vini tartari emetici, ... ℥j.
Liq. ammon. anisat., ... ℥ij.
Syrup. cort. aurant., ... ℥j.

M.

S.—A wine-glassful every hour.

Under the use of these remedies, the stomach and bowels are effectually cleaned out, and the edges of the tongue, formerly covered with a thick, white fur, get rather red, and the skin, from being hot and dry, has become soft and moist.

The next morning, that is, on the fourth day, is my time of election for giving quinine, the patient being now what I call properly prepared for its action.

I give a scruple of it internally, in a little strong coffee, which makes it sit better on the stomach. At the same time, I dissolve one drachm in one ounce of sulphuric ether, adding one fluid drachm of liquor ammoniæ. This must be rubbed in on the abdomen and under the arm-pits.

If, on the next morning, there be quininism, good; if not, I give another scruple internally.

After this, I let my patient have plenty of good broth, and three days afterwards he is up and about.

Bilious Fever.—The treatment against this disease has nothing to

distinguish it from the way my confrères on the shores of the Mississippi handle this enemy of humanity.

I make it a rule to give an alterative mercurial pill every three or four days, for at least six weeks after an attack of bilious fever; for experience has shown me that it is almost always accompanied with more or less inflammatory action in the liver, and a subsequent qualitative and quantitative abnormity in the functions of the hepatic secretion.

In cases where no attention is paid to this precaution, the fever is sure to return, or bring about a chronic hepatitis.

Acclimatization Fever.—The letter which I directed a short time ago to the editors of this Journal, and is published in the May number of the MONTHLY for 1859, explains my views on this particular kind of fever.

Hepatitis.—This is undoubtedly the disease which most frequently occurs in the tropics. The elevated temperature acts as a direct stimulus to the liver, and predisposes it to inflammatory action.

Acute hepatitis is rarely a fatal disease. Chronic hepatitis, on the contrary, is but seldom radically cured; the most prominent and troublesome symptoms may disappear for a time; still, sooner or later, they return with renewed strength, and at last the patient sinks, unless, indeed, he be carried off by an intercurrent disease; a thing which often enough happens.

The reason why hepatitis is so rarely radically cured is the horror in which the natives keep anything related with medicine. As soon as the most grave symptoms have disappeared, they fancy themselves cured, and refuse to take any more medicine.

A second, and by no means unimportant cause, is the entirely out-of-the-way treatment pursued by natives, and by most of the foreign practitioners in this country.

The natives, with their limited medical education, are almost all of them followers of the new French school; they let the time pass with insignificant tisanes and other medicines, which cannot hurt a baby, but make no impression whatever on the disease. Mercury, even when given in small alterative doses, is a horror to them.

The foreign physicians, on the contrary, being most of them "*irregular graduates of nature's school of experience,*" fall into the opposite extreme, of giving mercury in abusive doses. This is especially the case with Englishmen, who know of nothing else than their eternal blue pill.

Now, if it is difficult to cure a case of hepatitis without mercury,

when this remedy is abused, a cure is entirely out of question; and in many a case do I believe that the curative powers of nature have been paralyzed, and the disease gone on to a fatal termination, just because of the brainless administration of mercury.

In cases of acute hepatitis, after the antiphlogistic regimen has put aside the most dangerous symptoms, calomel in one-grain doses, repeated every two or three days, should be resorted to. Of course it must be suspended as soon as the gums commence to get sore, for profuse salivation is decidedly injurious.

The intermediate time may be usefully employed with giving laxatives, acid mixtures, and making use of repeated blisters.

This, together with a suitable diet and an occasional tepid bath, is sufficient to effect a cure in nine cases out of ten.

Chronic hepatitis needs pretty much the same treatment, only mercury should be given more sparingly, and frequent recourse had to drastic purges.

A remedy, the use of which has of late fallen into undeserved discredit, is the muriate of ammonia. It well deserves a fair trial in all cases where mercury is inadmissible, because suppuration has already taken place. It appears to act as an alterative, gently stimulating the excretory power of the liver; at any rate, under its protracted use, and alternate drastic purges, I have frequently observed most difficult cases of chronic hepatitis to improve so much, that no physical sign could enable me to detect any tenderness or increase of size in the liver.

Externally, the hip-bath, with nitro-muriatic acid, and the long-continued use of a plaster composed of gum-ammoniac and mercury, will mostly be productive of much good. Counter-irritation, by blistering, tartarized antimony, and setons, has been much lauded by some practitioners, although I think that the good they do is more than counterbalanced by the annoyance they create. If the patient wants to try them, good; but I never propose them of myself.

Carate.—This name is given to a new and quite peculiar disease of the skin, which is endemic on the shores of the rivers Magdalena, Cauco, Atrato, Qulio, Catatumbo, Apure, Meta, and Orinoco; all of them traversing the northern part of the South American Continent.

I refer my readers to the April number of the MONTHLY for 1858, in which they will find a detailed description of this disease.

Pemphigus.—Pemphigus, or Pompholyx benignus, as Willan calls it, is in the tropics by no means so trivial a disease as in colder latitudes. The classification of it into chronic and acute is quite useless

here; for all cases of it commence with acute symptoms, which gradually take the chronic form. In fact, I am almost inclined to think that this disease is only curable after it has passed from the acute to the chronic form.

If called to a case of acute pemphigus, I limit myself to giving some strong purges, and after that try to bring about a gentle diaphoresis. If the eruption is rather tardy in making its appearance, I order one or two baths with sulphuret of potass, or some frictions with any irritating substance. As soon as the eruption is fairly out, every trace of fever leaves, and the chronic state of pemphigus commences.

The specific against pemphigus, and almost any disease of the skin, is corrosive sublimate; and if this remedy has not been equally successful in all hands, that may in part depend upon the manner in which it is administered.

In this country, and the tropics in general, it is almost impossible to find a family entirely exempt from syphilitic taint. Having such a foundation, it is not at all strange that pemphigus should frequently be accompanied by tertiary symptoms; all of which, together with the original disease, soon give way under the use of sublimate. My favorite way of using it is the following: I order a solution to be made, containing about five grains of it to every ounce of water. With this all the pustules that are not yet ripe are to be rubbed, until the skin becomes quite red; this causes them to abort. Those that are already filled with water or pus should have their cuticle removed by one sweep with a pair of sharp scissors; the liquid will then escape, and the bottom of the bullæ should be wetted with the solution.

This entirely external plan of treatment will still sometimes produce salivation; of course, the use of the solution should be immediately suspended, and not taken up again until the mouth is well. It seldom requires longer than a fortnight to cure a most inveterate case of pemphigus after this manner of treatment.

Spinal Irritation.—Under this term I understand any morbidly-increased sensibility of the medulla spinalis, either entire or of a part of it, characterized by tenderness, upon pressure, of one or more of the spinous processes of the vertebræ.

The symptoms of this disease are immensely diversified; much more so in the tropics than in colder climates; and frequently appear to have so little connection with the medulla, as to be misunderstood for a long time, to the great injury of the patient.

Already several times have I been called to patients who have been

for a long time under treatment for asthma, hepatitis, disease of the kidneys or bladder, when, after a thorough examination, I had no difficulty in tracing the disease to the medulla spinalis.

Diseases of this kind are so frequent, that I am in the habit of running my hand over the whole column of spinous processes, as soon as I find the least difficulty in making my diagnosis in some pretended disease of the thoracic or abdominal viscera, and most generally do I find a tender vertebra.

A pathognomonic symptom of great value, but which has never yet been brought forward in its true light, is that highly changeable state of the urine—being now perfectly clear and limpid, having to morrow a brick-dust deposit, on the day following a fatty coat on the top, and on the next day being quite clear again.

Whenever I find this state of the urine, although my first and second examinations detect no tender vertebra, I still commence my usual treatment for spinal irritation, and sooner or later, either by accident, or as a natural course of the disease, the tender spot is discovered, which need not be the spinous process, although in the majority of cases it is.

My treatment in this disease is very simple: drastic purges, when occasion requires it; mercury in small alterative doses, say one grain of calomel every three or four days; counter-irritation of all kinds; and opium, to allay pain.

After the most grave symptoms have disappeared under this treatment, then the exhibition of the tartrate of iron and potash will do the rest. Of all the iron preparations, this is my favorite, because it neither heats nor constipates, as all the others do, nor has it got the horrible inky taste of most of them.

This disease is sometimes complicated with gout or rheumatism, with which it may be easily confounded by practitioners of little experience.

Whenever such a complication exists, an occasional dose of iodide of potassium should be given in colchicum wine, and continued until the spinal disease has been brought back to its origin.

As a general rule, sulphurous baths, followed by frictions with some warm aromatic spirits, are highly beneficial in all cases of spinal irritation.

Uterine Polypus treated by Injections of the Perchloride of Iron. By J. N. GRAHAM, M.D., Chicago, Ill.

We notice in the November number of the AMERICAN MEDICAL MONTHLY an extract of a note from a previous number of the *Chicago Medical Journal*, entitled, "Nasal Polypus—New Treatment," and speaking of the effects of the injection of the muriated tincture of iron in cases of nasal polypi, and also of the possibility of its good results "in other localities less accessible to removal."

The note referred to put us in mind of a case of uterine polypus which came under our care in 1857, a brief account of which we take from our note-book, as follows:

June 20th, 1857, called to see Mrs. B.; found her very low and reduced by profuse hæmorrhage, occurring about the time, as she supposed, "of what ought to be the return of her regular monthly visitations." Previous to this, she had been very irregular in her menses, and "supposed it to be about the turn of life with her." She says the hæmorrhage has been very considerable; she is feeble, and depressed in spirits; pulse small, frequent, and tremulous; tongue covered with an ashy-white coat.

Put her upon an energetic course of treatment—tonics and astringents, with astringent injections, such as acetate of lead, tannin, sulph. zinc, &c. During the treatment we often introduced into the vagina portions of solid ice; also, bits of alum, enveloped in lint, were introduced into the os uteri. Notwithstanding this course of treatment, she continued, with but occasional and partial respite from the hæmorrhage, for between five and six days after we first saw her.

Becoming convinced that there must be some cause at the bottom of all this, other than the supposed "change of life," which, as yet, we had not ascertained, we made as thorough an uterine examination as the condition of the uterus would allow, and detected a soft, fleshy substance—pendulous, apparently, from the fundus uteri. As the neck of the uterus remained rigid, and further dilatation was not practicable, ergot was given in small, repeated doses, as well to arrest the bleeding, as to expel, if possible, what seemed to be the cause of the trouble. Having continued the ergot for some ten or fourteen hours, with ice and astringent injections, and the hæmorrhage continuing—sometimes, after a partial cessation, returning in alarming quantities—all our previous efforts to arrest it having failed, we injected the muriated tincture of iron, diluted in one-third mucilage gum-arabic, into the os—continuing the opium, tonic mixture, and ergot during the night.

June 25th, A. M.—Found the patient more comfortable—the os so dilated that we introduced the hand into the uterus sufficient to enable us to remove several small pieces of semi-consistent, hepatized floculi, with some well-defined fibrinous substance, resembling, in part of its formation, the sirloin portion of beef, and quite strongly attached to the fundus of the uterus—somewhat larger in its body than a hen's egg, with a vermiform portion extending downward.

The dilatable condition of the uterus at this time, and the ease with which we grasped the tumor, enabled us to remove it without the use of instruments.

During the removal of this body there was considerable hæmorrhage, which was soon arrested by cold injections of alum-water.

It may seem to some that a solution so strong of muriat. tinct. ferri was rather a harsh application, and uncalled for under the premises. The *urgency* of the case, and the failure of the previous treatment to arrest the discharge, prompted us to resort to this treatment. And then even with the tinct. ferri mur., in its full strength, we are of the opinion that the lubricating secretion, thrown out from the mouth of the uterus, would soon form a shield around even this escharotic and prevent injury to the parts.

We are not aware that the muriated tincture of iron has been used in like cases, nor are we conscious of having been prompted to its use here from any other source than a knowledge of the nature of the medicine, and a previous failure to arrest, by any other means, the hæmorrhage that had threatened the life of our patient. Judging from our experience in this case, we should have no hesitancy in using the tinct. ferri, in cases of severe uterine hæmorrhage, either injected through the os or applied by sponge or lint. If, as in the case referred to in the AMERICAN MEDICAL MONTHLY, the iron was borne with impunity, injected against the delicate and sensitive nasal membrane, surely it would be tolerated by the much less sensitive uterus.

It will be remembered that, in the above report, though the ergot had been used for ten or more hours, in connection with the previous applications, the bleeding was not stopped, nor could the polypus be reached or removed.

We think the iron acted a favorable part in astringing or cauterizing the relaxed mouths of the bleeding vessels, and separating the attachments of the fungus. The patient rapidly recovered after this.

We report the above, hoping that, if based upon correct principles, the use of this agent, in like critical cases, adapted to the circumstances of the case, may prove useful in the hands of others.

While we would discard the reckless or indiscriminate use of caustics or escharotics, we are of the opinion that their application to the uterus is not fraught with that danger that by many has been supposed, nature throwing out a secretion (lubricating) that liquefies or envelops even the solid nitrate of silver, thus preventing it from further invasion.

Chloro-Anæmia treated with Bean of Saint Ignatius. By Dr. Eisenmann, of Würzburg.

Chlorosis is a disease developing itself particularly in medical constitutions, predisposed to nervous affections. It prefers the sex which has the marked predisposition for neuroses, and develops itself at the period of life when all kinds of neuroses are very frequent. Its *début* is marked by the appearance of nervous phenomena, whilst the blood presents not the least alteration, and during its entire persistence numerous nervous phenomena are observed. Any particular alteration of the blood may be wanting, even in cases where the disease is completely developed. It is cured by the use of therapeutic means that exercise a special action on the spinal cord. These considerations authorize me, even force me, to conclude that chlorosis is primarily a nervous affection, and that the alteration of the blood is only a secondary phenomenon, resulting from morbid innervation.

This mode of considering the nature of chloro-anæmia is not an idle theory. It is practically useful, since it leads to the discovery of substances which shall have special curative properties in this disease. I select among these such as contain strychnia and brucia. The first patient on whom I employed this treatment was a strong, robust woman, the wife of a miller, aged about thirty, who said she had chlorosis for eight years, and who had been treated by all the physicians of the neighborhood, without any permanent result. She presented all the symptoms of chloro-anæmia, together with œdema of the lower extremities, and also a somewhat considerable effusion in the abdominal cavity. I gave her, twice a day, from 10 to 15 drops of the tincture of the St. Ignatius bean. Under the sole influence of this medicament all the morbid phenomena, including the œdema of the legs and the abdominal effusion, disappeared in eight weeks.

Soon after I was called to see two young girls, 15½ and 16 years of age. They were frail and delicate; their complexion was florid, clear, and very delicate; all the symptoms announced that they were affected with chloro-anæmia. A physician, previously consulted, had prescribed ferruginous preparations, until the very sensitive stomachs of the patients could no longer bear them. I

gave them, twice a day, six drops of tincture of St. Ignatius beans, recommending an increase of the dose one drop every three days. At the end of four weeks they were cured; it is true that, in their case, the disease had not made any considerable progress. In some other cases I employed the same agent; and my friend, Dr. Seligsberg, at Kronach, has also experimented with it, and our experiments have fully satisfied our expectations. Being thus convinced of the curative powers of the bean of St. Ignatius in chlorosis, I desired to see if, associated with ferruginous preparations, it would not produce a cure more speedily than when employed alone; and as, in most cases, there is also an obstinate constipation, I added rhubarb to the two substances. The following is my formula:

R.—Pulv. Fab. Sanct. Ignatii,	gramme 0.06
Ferri Lact.,	" 0.18
Pulv. Rhei,	" 0.18

Misce.

Take two powders a day; with this, nutrition and tonic regimen, and exercise in open air. This treatment has always succeeded with me since 1846, except a case in 1852, which proved rebellious under all treatments. In cases where the digestive organs will not bear the iron, I begin by administering the Ignatia alone, and only add the lactate of iron, and afterwards iron in substance, and rhubarb when the sensitiveness has passed away. My formula is so much the more useful, since it overcomes the obstinate constipation which so often accompanies chloro-anæmia. All my friends who have used this treatment in their practice, have noticed that they produced cures much more rapidly than with iron preparations alone, and have found it efficacious when these have failed.—*Bulletin de Thérapeutique.* L. H. S.

The Effect of Solar Light on Vegetable and Animal Fœcula, &c. By NIEPEC DE SAINT VICTOR and LUCIEN CORVISART.

1. Solar light, by an action peculiar to itself, modifies and transforms certain amylaceous substances and some of their derivatives.

2. This action alone, when prolonged, is capable of transforming a solution of pure starch into dextrine and sugar. But at first light modifies entirely the nature of starch, converting it into a substance resembling inuline, as obtained from the alder, colchicum, &c., in which condition it is, while cold, entirely insensible to the action of iodine, but which differs from inuline, since it will not reduce the salts of copper and silver in the presence of ammonia. It does not

alter the plane of polarization. This change may be effected in six hours of good exposure, during the months of July and August; but oftener twelve or eighteen hours of exposure are required to produce the complete change. A solution of starch, containing half a thousandth, although exposed in the same place at the same time, and with the same temperature, if protected by a dark covering, will undergo no change, so that a few drops of the latter solution would produce a deep blue in a mixture of the former and iodine.

3. This transforming action is impeded by one per cent. of the lactate or citrate of iron in the solution, and by one-half per cent. of nitric and tartaric acid; and it is completely prevented by corrosive sublimate.

4. It is facilitated by the potassa-tartrate of iron, nitrate of uranium, and oxalic acid.

5. Whatever they may be, simple or only primordial, primitive or secondary, the cause of these changes is the *luminous principle.*

6. Dextrine is, however, more an artificial than a natural product. That obtained by diastase, not reducing the reagents of Barreswil and Fehling, undergoes no change from the action of light.

7. Cane sugar undergoes no change. Oxalic acid, one of the derivatives of starch, in solution along with nitrate of uranium, may be boiled, and then kept for forty hours in a stove at 40° C., without the disengagement of a bubble of gas, provided the experiment is performed in the dark. As soon as light, even diffused and clouded, is admitted by raising the cover of the stove, the mixture will begin to exhibit changes. A good exposure of an hour will produce abundance of carbonic oxide, so rapid, indeed, as almost to produce effervescence.

8. In accordance with the direct experiments we have made, animal fæcula (glucogenic material) is more rapidly and abundantly converted into sugar in the light than in darkness, although nitrate of uranium will even hinder this action.

9. Animal fæcula remains in the liver of frogs, without becoming sugar, during the whole of winter. The greatest quantity of sugar in their livers coincides with the period of the ripening of fruits, the end of June, and the months of July and August. The glucogenic matter may be fixed in the liver, just as starch is in tubers or grains. If frogs are kept entirely from the light, no sugar will be formed. We might explain, in this way, how the large amount of glucogenic matter in the cutaneous tissue of the fœtus disappears from this tissue soon after birth, by its sudden passage from obscurity into light.

10. It must also be recollected that although a small quantity of light is required, yet its action must be aided by the presence of certain salts or ferments, and that, in most animals and man, the *amylogenic* as well as the *glucogenic* functions experience no hibernal cessation from work.

11. The actions of light, already described, are generally slow.

12. Hence, if, without augmentation of light, certain substances, on the one hand, double, treble, or sextuple the effects of solar action in the formation of animal or vegetable sugar; if, on the other hand, without diminution of solar intensity, certain others destroy or hinder the change, as in starch, which arises from solar action, it cannot be denied but that exact studies directed to this end would be very useful, as well for vegetable physiology as for agriculture, and possibly also for medicine. It is only necessary to cite diabetes and the influence of exposure to sunlight on scrofula.—*Gazette Hebdomadaire*, September, 1859. L. H. S.

Experimental Researches on the Action of Caustic Potassa. By SALMON and MAUNOURY, Surgeons of Hôtel-Dieu, at Chartres.

The authors present the contradictory views of numerous surgical writers as to the action of caustic potassa, showing that they vary: 1st, as to the rapidity of the action of potassa in producing eschars—some indicating twenty minutes as sufficient, and others nearly twelve hours; 2d, as to the possibility of regulating its penetrative properties—some opposing the dilution of the agent, and others considering that it is best; 3d, as to the pain produced, Canquoin claiming that it is quite supportable, &c.; 4th, as to the hæmorrhagic tendency: Giroward advising that the tissues should be plentifully washed with water when one operates over vessels of medium size; Canquoin, that this always exposes to sudden hæmorrhages, &c. These questions are attempted to be solved by the experiments made upon animals in 1851, on the human body, and on dead bodies, and the following conclusions are arrived at:

1. Caustic potassa is an agent which very rapidly effects cauterization.

2. It may convert the whole thickness of the skin, covered with epidermis, into an eschar in fifteen minutes; it can perforate a voluminous muscular mass in from six to ten minutes; it produces a hole in cellular and fungous tissues directly; it rapidly destroys vessels, has

a slower action upon fibrous tissues, and does not dissolve osseous tissues.

3. It acts upon the tissues by dissolving them. The eschar presents an appearance as if the skin were cut out by a punch; under the action of potassa muscular fibres and the coats of the vessels become thin, tight, dissolve, or finally burst open. Blood touched by it coagulates at first, its course being arrested; it then becomes liquid, and finally flows. The cornea may be pierced by it, and ligaments and cartilages may be slowly destroyed.

4. Despite its activity in destruction, its action may be limited; on the skin we may make a linear incision, so as to prevent the solution of potassa spreading beyond the limits we wish preserved; below the surface, cellular tissue excepted, the action of potassa circumscribes itself, either by the amount required to dissolve the eschar produced, or by dilution in the liquids, or by forming non-caustic compounds with the tissues.

5. Potassa rapidly effects the destruction of vessels, and facilitates hæmorrhages; but its first effect is to coagulate the blood, and as this coagulum separated from the action of potassa becomes very hard, it is easy to avoid the dangers from hæmorrhage; when the action of the potassa in producing the coagulum is accomplished, the caustic must be removed, so that the after solution is not produced. This can be done by using a *tampon* immediately, made either of dry cotton, or of cotton saturated with vinegar, or with slips of Canquoin's caustic. Potassa may thus be employed to check hæmorrhages, through the rapid formation of a coagulum.

6. Potassa can dissolve the eschars it makes, although it is easier, in the human subject, to remove them by incision. The incision should be made while the eschar is fresh, as it speedily becomes very hard.—*Gazette Médicale.*

L. H. S.

The Examination for Sugar in the Urine. By Ch. Leconte, of Paris.

The author examines the action of various tests alleged to be satisfactory in the way of determining the presence of sugar in the urine. He enumerates Trommer's test, ammoniated copper, cuprotartrate of potassa, solution of potassa, lime-water, solution of chromic acid acidulated with chlorhydric or sulphuric acid, and the simultaneous employment of sub-nitrate of bismuth and solution of caustic potassa. The use of these reagents should never induce one to conclude, *absolutely*, as to the

presence or absence of sugar in the urine, as he proceeds to show; although they can render real service when sugar exists in a somewhat notable quantity in the urine.

1. *Trommer's Method.*—This consists in adding to the urine a small quantity of solution of sulphate of copper, then an excess of potassa, and finally to heat the liquid to ebullition, depending on the property sugar possesses, in oxydizing, of depriving the oxide of copper of one-half of its oxygen, and thus reducing it to the condition of *red* oxide, insoluble in the solution of potassa—a result which is very easily accomplished. Nothing is more simple than the application of this process, with the understanding, always, that an excess of sulphate of copper be not employed, for the excess of the oxide present, on which the sugar could not act, would be converted by the temperature into its anhydrous form, and its *black* color would mask the *red* color of the suboxide.

2. *The Cuprotartrate of Potassa* does not present the same objection as that just named, but when it is prepared according to Barreswil's directions, and kept on hand for some time, it often happens that a red precipitate is afforded when it is boiled alone, or after an addition of equal or double volumes of water.

3. *Fehling's Liquor* differs from that of Barreswil, in the substitution of soda for potassa, and can be kept on hand for a longer time; but, as I have determined a number of times, in numerous fruitless experiments, which I have made to find a liquid test for sugar free from reproach, Fehling's liquor is less sensitive than Trommer's method, or that of Barreswil, and it often does not indicate the presence of half a thousandth of sugar added to urine.

4. *Glycerine* has been proposed as a substitute for tartaric acid in the copper solution. The suggestion, although very ingenious, has given me results but little satisfactory, since this liquid, at the end of a few days, deposits in the cold a considerable quantity of the red oxide of copper, and almost invariably, if boiled immediately after its preparation, will exhibit reddish flakes, showing the beginning of the process of reduction.

These four liquids present this inconvenience, that they can be reduced by a *large number* of substances, and particularly by uric acid, as I have satisfactorily demonstrated. Furthermore, even when sugar or uric acid is present, they may be decolorized instead of furnishing a red precipitate, if ammoniacal salts or urea are present in proper quantity. One can very readily be satisfied of this by experiment with the latter reagents when pure.

In order to avoid the trouble from the presence of urea, the author, in his experiments on the urine of females during lactation, adopted the following plan:

"Four litres (about a gallon) of the urine, which quite rapidly reduced the cupro-potassa liquid and reddened litmus paper, were acidulated with acetic acid and evaporated over a water-bath in porcelain capsules; the evaporation was rapid, on account of the shallowness of the vessels. When about eight-tenths of the urine had evaporated, it was allowed to cool, and then alcohol of 38° was gradually added, so as to precipitate most of the mineral salts, and so as to have an alcoholic liquid sufficiently dilute to retain the sugar in solution. This liquid was evaporated to dryness; the residuum drenched with alcohol at 40°, which dissolved out the urea, and left undissolved the sugar and some mineral salts soluble in dilute alcohol. Such a dilute alcohol solution would enable us to employ Trommer's test with some show of accuracy."

5. The other processes for the detection of glucose are: the brown coloration which solutions of potassa, soda, baryta, strontia or lime, or even of ammonia, assume in the presence of glucose—this characteristic is worth nothing when search is made for sugar in the midst of a large number of substances whose action on alkalies has not been studied, since the question becomes, then, Is glucose the only substance which imparts a brown color to urine under the action of alkalies? No one, at present, can answer in the affirmative. The coloring substances of the urine are hardly known, and many substances will assume a brown color under the influence of alkalies, which is heightened by heat. All the extractive substances are in this category.

6. The brown color, assumed by nitrate of bismuth, under the influence of potassa in the presence of urine, cannot be considered a peculiar action of sugar, as other reducing agents will produce the same effect.

In conclusion, we see that these secondary actions or characteristics may furnish some useful information as to the presence of glucose in the urine, without being endowed with certainty, since they are also produced by other substances; they have no real value except when united to the essential characteristics.

Essential characteristics are such as belong *alone* to glucose, and are the production of the alcoholic fermentation, and the extraction of the glucose itself.

Alcoholic Fermentation.—Notwithstanding the interesting investigations that have been published, in modern times, on this subject, yet

it remains a fact, that cane sugar and glucose are the only substances that, in contact with yeast, undergo regular fermentation, furnishing pure carbonic acid and alcohol. Any liquid which does not evolve carbonic acid, after two hours' contact with yeast and exposure to a temperature between 68° and 86°, should be considered as free from sugar, unless, however, the volume of the gas formed be much less than that of the liquid containing the sugar. Indeed, yeast should only be *directly* added to urine in cases of very decided diabetes; when it is necessary to search for sugar in urine containing but a small quantity, it is proper to concentrate the sugar after the method already described, and then to expose the substance which has been isolated with a small quantity of water and yeast to a temperature from 68° to 86°; fermentation will then take place rapidly. In order to be satisfied that the gas discharged does not proceed from any alteration of the yeast, a small quantity of the latter should be exposed along with pure water in a tube alongside of that in which the test has been applied.

The best arrangement for the accurate employment of the fermentation test is this: a large test-tube is taken, closed at one end; to the other end a cork is adapted, through which is passed a tube of small bore, drawn out very narrow at the lower end, which should reach almost to the bottom of the large tube; the upper end of the tube should pass through the cork about an inch, and remain open. The test-tube is filled with the mixture of urine and yeast, then the cork with the smaller tube is introduced—a small quantity of the liquid will run out through the open end of the small tube. The large tube is then placed in lukewarm water—fermentation taking place, the gas rises to where the cork is inserted, and pressing downward, gradually forces out the liquid, which escapes from the upper extremity of the small tube. In order to test the nature of the gas, the open extremity of the small tube is plunged into a solution of potassa; the closed end of the test-tube is heated by a spirit-lamp, so that a few bubbles of gas may escape; the lamp being removed, the gas cools, contracts; the solution of potassa enters, filling it entirely, if aided by slight agitation.

Extraction of the Sugar.—In the present condition of science, we feel authorized to declare, that sugar is present when fermentation yields carbonic acid and alcohol; yet, strictly speaking, the separation of the sugar itself only should permit us to give a positive opinion as to its presence. Now, the process for the extraction of sugar is so delicate that we could obtain it, although there were only five centigrammes in 200 grammes of urine. Leconte's process is as follows, be-

ing a modification of Lehmann's: The urine is slightly acidulated with sulphuric acid, since the mineral sulphates are all insoluble in alcohol; then it is evaporated in very shallow dishes until a pasty residuum is obtained, to which is added, in the warm, a small quantity of alcohol at 33°, in order to dilute it. This is placed in a flask and exposed to a boiling heat; the alcohol poured off, and more added, so that the residuum shall be exposed to the action of boiling alcohol two or three times. The liquids thus obtained are poured into one vessel, heated and filtered; after they have cooled, a saturated alcoholic solution of caustic potassa, recently prepared, is added in small quantities, strong agitation being used after each addition; the liquid, which at first becomes turbid, clears up by the deposition of a pasty substance on the sides of the flask. The potassa is added so long as it produces any turbidness; then the clear liquid is decanted, and the deposit in the flask is removed by rinsing it carefully with alcohol. This deposit is then dissolved in a small quantity of water; its potassa is precipitated by excess of tartaric acid and agitation, and the bitartrate of potassa is removed by filtration. The acid liquid, in the cold, is treated with chalk in excess—being agitated from time to time, until it becomes perfectly neutral to test-paper, when it is refiltered, evaporated in a water-bath, and the residuum treated with alcohol. This alcoholic liquid, being allowed to evaporate spontaneously, furnishes a syrup, which, after a long time, (one of my specimens required eight months,) gives small, four-sided, prismatic crystals, with diedral summits.

When, instead of extracting the sugar, it is only desired to try the fermentation test, it will answer to saturate the aqueous solution of the precipitate, produced by the potassa, with dilute sulphuric acid; the sulphate of potassa, being but slightly soluble, subsides, especially when agitation is used; it is then separated by the filter, and the filtrate, being diluted with a small quantity of water, is mixed with yeast, and placed in the fermentation apparatus.

The precipitate referred to in the preceding paragraph is mostly urate of potassa, when it will not undergo the process of fermentation. This can thus be proven: after the precipitate is dissolved in a small quantity of water, if the solution be heated with a slight excess of acetic acid, and then allowed to remain in a cool place for a few hours, on treating it with alcohol, crystals of uric acid will separate, which can be recognized by the microscope, or by their transformation into murexide under the action of nitric acid.—*Gazette Médicale, Oct.* 8, 1859. L. H. S.

Perchloride of Iron in Diphtheritis. By DR. F. ISNARD.

The following are the conclusions presented by Dr. Isnard, with which he closes his memoir on the nature and treatment of this disease:

Croup and *angina membranacea* are special inflammations of the fauces and air-passages, with a peculiar alteration of their mucous membranes, which allows fibrino-albuminous products, formed at the expense of the elements of the blood, to transude in the form of pseudo-membranes.

They are always, at the commencement, local affections. Sometimes they remain local; sometimes they are infectious. Diphtheritic infection is always consecutive, never primitive. The cause is the alteration and resorption of the pseudo-membranous products, which is analogous to the purulent resorption that is always consecutive to a solution of continuity or to any inflammatory condition. The rapidity and the importance of diphtheritic poisoning vary in accordance with a host of unknown conditions, among which the epidemic character plays a prominent part.

The false membrane, being the cause of all the grave phenomena which appear in the course of membranous affections, as much by its mechanical agency (suffocation, asphyxia, &c.) as by its dynamic effects, (resorption and diphtheritic poisoning, &c.) to prevent its formation, or to destroy it when formed, is the duty of therapeutics. The treatment is medical and surgical, or external. Rational medical treatment consists in putting the blood quickly in such a condition that its fibrino-albuminous elements cannot transude the mucous membranes, or that they shall not escape except in a form almost serous. Fluidifying and alterative agents have hitherto had the most reputation in the medical treatment of croup. But in general they act too slowly, too feebly, have the inconvenience of weakening the system, and without preventing entirely the danger of diphtheritis; hence they have been rejected. Of all these, tartar-emetic, in large doses, has produced the greatest number of cures.

Coagulating agents act more rapidly upon the blood, and have the advantage of removing none of its elements, and of preventing the ultimate accidents of membranous affections. In this class, the perchloride of iron, by its harmlessness to the system and the promptitude of its action, merits the preference. It is the sheet-anchor of therapeutics in croup, a species of specific for that terrible disease.

The action of perchloride of iron in these diseases is triple:

1. Action on the blood, whose fibrino-albuminous elements it makes

more or less plastic, and makes it thus impossible for them to pass through the mucous respiratory surface; and afterwards, in infectious cases, to pass back into uriniferous tubes, solutions of cutaneous continuity, &c.

2. Action on the respiratory mucous membrane, whose fibrino-albuminous elements it plastifies, and closes up the organic tissue. In this way the mucous tissue becomes incapable of admitting the passage of the albuminoid principles of the blood.

3. Tonic action, strengthening the nervous system; an essential action, according to many physicians, but of secondary importance, in my opinion, in the treatment of croup.

The perchloride of iron should be administered as soon as possible after the inception of the disease, in large doses. Its use should be continued at all stages of the disease, both when false membranes are formed and when the general infection is established. Under all these circumstances its action will be the same; an action rather physico-chemical on the elements of the blood and the respiratory mucous membrane, than dynamical on the nervous system.

The surgical and external treatment is also important. It consists in frictions with croton oil on the neck, with revulsives to the extremities; cauterization of the false membranes at accessible points; inhalation of alkaline solutions; and, if necessary, tracheotomy.—*Gazette des Hôpitaux.* L. H. S.

Voltaic Narcotism.

Dr. Althaus, of London, in an article in the *Vienna Medical Weekly*, thus disposes of this subject as proposed by Dr. Richardson, and noticed in American Medical Monthly, Vol. XII., 312: It is well known that many experiments have been made to introduce medicinal agents into the organism by the help of galvanism, employing the *locomotive* force of the constant current by means of which liquids can be transported from one pole to another, without decomposition. Experiments on this subject were principally made by Sir Humphrey Davy, and more recently by Wiedemann. Experiments with the view of introducing medicinal agents may be considered as having failed, since the results claimed by Fabré-Palagret have not been confirmed by any one, and the experiments of Klencke and d'Hassenstein are generally doubted. Dr. Richardson claims, however, to introduce narcotic liquids in a portion of the body by the aid of electricity, and even to produce anæsthesia in this way. He styles this method *vol-*

taic narcotism, and, for some weeks, made considerable noise with it in the London hospitals, until Prof. Waller, of Birmingham, advanced the opinion in a lengthy article, that the anæsthesia produced in this way was simply due to the absorption of the narcotic substances. Dr. Richardson had stated that the local application of these substances, *without* electricity, never produced anæsthesia, not even when they were applied on a part as delicate as the ear of a rabbit. This is clearly not so, for in an experiment made by Dr. Althaus with chloroform and the constant current, complete anæsthesia of the skin was produced when pressure was employed for about ten minutes, a sponge being employed saturated with chloroform; the simultaneous action of the sponge and the poles of the galvanic battery did not, however, hasten the production of the anæsthetic effect. An hour after the experiment, he experienced a very acute pain, and on the next day there was developed an active inflammation, which lasted nine days, terminating in suppuration. During all this time the pain was severe, *(atroce,)* especially at night; the cicatrix formed slowly, first at the places where the chloroform alone had been applied, then at those where chloroform and galvanism had been used. Prof. Waller made experiments on animals with the narcotic solution, (equal parts of tincture of aconite and chloroform,) proposed by Richardson, and they died in a short time after the experiments, in consequence of poisoning of the blood by the narcotic solution. It is, then, possible that such a disastrous effect might be produced on children, especially such as were debilitated, if operations were practiced on them by the aid of voltaic narcotism. From all this, it follows that chloroform,* despite the attacks made upon it, is thus far the only means really useful, and relatively devoid of danger in the production of anæsthesia in chirurgical operations, and that all other means proposed to replace it have been demonstrated as insufficient.—*Wiener Med. Wochenschrift.*

L. H. S.

Arsenious Acid in Apoplectic Congestions. By DR. LAMARC-PICQUET, of the Hospital of Honfleur.

The author gives, as the result of his investigations on this subject, the following conclusions: Apoplexy is essentially misunderstood, since the effusion of blood is only a secondary phenomenon. It is

* The translator must dissent from the statement of the author here. The voice of the profession is demanding that ether be the sole agent employed in producing anæsthesia.

easy to master the preliminary symptoms of apoplexy, which is owing to an undue increase of blood-globules. Arsenious acid is a valuable therapeutic resource in all congestions of the cerebral apoplectic form, since its first effect is to render the blood less rich in globules and less plastic. It is, however, indispensable, before the use of the agent, that the richness or condition of the blood should be determined, as, in case this fluid be poor in globules, the use of arsenious acid would increase such an abnormal condition.

The action of arsenious acid is connected so intimately with the digestive process, that it should be employed while one is at the table, in order to facilitate its assimilation. The agent should also be used for some time after the cure is effected, in order to increase the probability of the duration of the cure. The agent cannot be considered, however, absolutely antidotal; and hence the physician must always consider the mode of living, idiosyncrasies, and pathological condition of his patient. The dose is usually from four milligrammes to one centigramme (from $\frac{1}{16}$ to $\frac{1}{6}$ of a grain) a day.

The author employed this treatment in his own case. He had been laboring under all the annoying symptoms which seem to predict an apoplectic attack—sense of weight in the head, and feeling of constriction. His age was then fifty-six, constitution robust, temperament very decidedly sanguine. From October 29, 1845, to March, 1849, he treated himself by bleeding, bicarbonate of soda, and other agencies, but at last, having perceived the effects of arsenious acid, he determined to try it in his own case.

"March 23, 1849, I commenced the arsenical treatment, employing five milligrammes, at breakfast and dinner, in water, and used a vegetable diet most strictly, except when very much fatigued, when fresh fish was employed. This dose of the medicament was employed for a month without the least inconvenience to the digestive process. May 3, I was perfectly well, although fifty days had passed without the use of bloodletting. A small quantity of blood being drawn on that day, it furnished fifty-two parts of cruor to the hundred. (In previous bleedings, the per centage ranged from 58 to 75.) Cerebral sedation had been completely gained, and the elements of the blood were in normal proportions. It was necessary to preserve this state of affairs, and I continued the use of the agent. The dose was even made as large as sixteen milligrammes. Occasionally the medicine was suspended for eight or ten days, then resumed for a period of fifteen or twenty days. This treatment continued until November, 1849. Then, I experienced some gastric troubles, (weakness of stom-

ach and flatulence;) and I ceased to take the arsenical solution, when the nervous symptoms disappeared. Returning occasionally to the use of the medicine, in order to steady its action on the stomach, the same nervous phenomena always showed themselves—yielding to its discontinuance. The dose was reduced to eight milligrammes a day, which never produced any gastric derangement."

"After November, 1849, my usual mode of living was adopted, as before the year 1845. I could eat game, and even take a glass of wine, which I had not done for more than four years. Up to the month of March, 1850, no symptom of cerebral excitation was experienced, but then I experienced some of those flying symptoms which always indicated the approach of a congestive condition. On being bled, with a view to examine the composition of the blood, found that there was 58 per cent. of cruor. The arsenical solution was again taken, four milligrammes morning and evening; and this treatment was continued until May, without returning to a vegetable diet; making my meals of meat, legumes, and fruit, and using water as the only beverage. During the month of July, 1850, I enjoyed the best possible health, the heat of the summer and a more substantial diet producing no unfavorable effects."

"From that time, for nearly five years, no arsenious acid was taken, and no cerebral trouble was experienced. On the night of January 5, 1856, however, I was troubled with a nightmare, which wakened me with a start, and left me laboring under a species of noisy sounds in the head, continuing until morning. During the following days, I experienced a sensation similar to that produced by a cap tightly drawn around the head, and the continuance of this symptom brought to mind my previous attack. Venesection was performed, to the amount of fifteen or twenty grammes, so as to get an idea of the nature of the blood; the per centage of cruor being 66. I resumed the use of arsenious acid, in dose of ten milligrammes, and continued it until March, when the quantity was reduced to eight milligrammes. In May, being perfectly well, the treatment was discontinued. I am now in my sixty-sixth year, and age has of course not diminished the predisposition to apoplectic congestions. In March, 1859, I suffered from ringing sounds in my ears and pains in the head, (the countenance was more colored than usual,) awkwardness in, and fatigue from, locomotion, disturbed and troubled sleep. These symptoms induced me to examine the condition of the blood, which showed 64 per cent. of cruor. I immediately resorted to arsenious acid, in dose of six milligrammes, and I still enjoy the beneficial results of the treat-

ment—my head is perfectly clear, and my body and spirits are active."

This last fact furnishes me the following bit of instruction:

In subjects constitutionally sanguine, morbid predispositions, depending on that condition, such as cerebral congestions, can be modified for a longer or shorter time, but nature tends always to assume its rights. It becomes a man, in the decline of life and in old age, when his mind is not injured, to hearken to those preliminary indications that announce its destruction. As a corollary to what I have written, it may be said, that arsenious acid cannot always modify apoplectic predispositions, but that, in the slightest congestive tendency to the brain, persons of a plethoric habit should have recourse to an agent which will promptly check this congestion, and continue its use long enough to prevent a relapse.—*Bull. Gén. de Thérapeut., Sept.*, 1859. L. H. S.

MONTHLY SUMMARY OF MEDICAL JOURNALISM.

By O. C. Gibbs, M.D., Frewsburg, N. Y.

A New Cure for Ingrowing Nail.—In the *Boston Medical and Surgical Journal* for December 29th, Dr. N. Gilman gives a new plan of treating ingrowing nail, for which he claims prompt and satisfactory results. The treatment which he advises he says he has put to the test for twenty years, without failure. It is simply to cauterize the part with hot tallow. He says: "The patient on whom I first tried this plan was a young lady who had been unable to put on a shoe for several months, and decidedly the worst case that I have ever seen. The disease had been of long standing. The edge of the nail was deeply undermined, the granulations formed a high ridge, partly covered with skin, and pus constantly oozed from the root of the nail. The whole toe was swollen, and extremely tender and painful. My mode of proceeding was this: I put a very small piece of tallow in a spoon, and heated it over a lamp till it became very hot, and dropped two or three drops between the nail and the granulations. The effect was almost magical. Pain and tenderness were at once relieved, and in a few days the granulations were all gone, the diseased parts dry and destitute of feeling, and the edge of the nail exposed so as to admit of being pared away without any inconvenience. The cure was complete, and the trouble never returned. I have tried this plan repeatedly since, with the same satisfactory results."

Asphyxia Neonatorum.—In the *Lancet and Observer* for January, Dr. A. T. Keyt, of Cincinnati, has an article on the treatment of asphyxia of new-born children, in which he compares the old, or "mouth-to-mouth" treatment, with the "Ready Method" of Dr. Marshall Hall. Dr. Keyt prefers the old method, and with a fair show of reason. "It may be remembered that the case of the asphyxiated new-born child is not just parallel with that of the asphyxiated adult. The first has never respired. The chest has never been expanded; the air-vesicles have never been opened. The chest and lungs, then, do not possess that elasticity or resilience which would be so important an element in successfully carrying on the 'rotation process.' It would be difficult to understand how, under it, the first expansion of the lungs could take place; when the child is turned on its face, the lungs being already compressed, the capacity of the chest could be thereby but little, if any, diminished; and when turned upon the side, and a little beyond, as directed, it could be but little, if any, increased."

In reporting cases of comparative trial, in one he says: "*At least one hour elapsed before the child gave a gasp*, and two hours before it could be left to do its own breathing. My dependence was upon the *mouth-to-mouth* process: by it I found no difficulty in controlling the circulation! It seemed as though the heart's action might have thus been maintained indefinitely. The 'Marshall Hall Method' was tried, but the results were negative; under it pallor and lividity would return to the surface, and the circulation grow gradually more and more feeble, until the heart's action would plainly have soon ceased, had it not been timely aroused by a more *ready* and *efficient* method. Several times did I alternate the new method with the old, and just as often did I witness the same striking contrast of phenomena."

This is an interesting subject, and we must confess to a liking for the old rather than the new method in asphyxiated new-born infants. Where the child has a beating heart at birth, by judicious and persevering efforts respiration and resuscitation can usually be established. Where the lungs have never been expanded, we cannot see how the "rotation process" of Dr. Hall can be of much service, and we are glad of this opportunity of cautioning our younger readers against placing too much reliance upon it in such cases—inflate with your own breath, and then you may know that the inflation is being effected.

Treatment of Prolapsus of the Funis.—Prolapsus of the funis is not an uncommon accident, and, without appropriate treatment, it is one

that often results unfortunately to the life of the child and the hopes of the mother. Professor Mendenhall, of Cincinnati, applauds the treatment of this accident by position of the mother: successful cases have been reported. In the *Lancet and Observer* for January, he reports another case converted, in a few moments, by this method, into a simple case of labor. He places the woman upon her breast and knees, in which position the funis is readily replaced. The position may be maintained, if need be, until the presenting part occupies the pelvic strait. It is probable that the position need not be long maintained. Prof. Mendenhall concludes his paper with the following remark: "In view of the frequent fatality to the child of this complication, I deem a knowledge of its proper treatment a matter of great importance. I think with this knowledge that few, if any, cases ought to result unfavorably to the child, and a resort to turning the child is seldom, if ever, necessary."

Gelsemin.—In the *Medical Press* for January 2d, Dr. B. Keith, of New York, has the following upon gelsemin, which article he says he has used daily for the last eight years: "For controlling fevers of every type and grade; to arrest hæmorrhage from the lungs, stomach, bowels, uterus, and urinary organs; in dysentery and bowel complaints; in spermatorrhœa, amaurosis, deafness, catarrhal affections, hay-fever, I have used the gelsemin successfully. A single half grain has arrested hæmorrhage from the lungs, when all other remedies known to me had failed. While experimenting with it to ascertain its power for arresting hæmorrhage, I gave to a lady who had been confined two days previous, one and a half grains during twenty-four hours, which amount completely arrested the hæmorrhage. I administered two grains, during the course of thirty-six hours, to a lady who had been suffering from uterine hæmorrhage for two months, and that small quantity completely stopped the flow. So effectual is it in this form of hæmorrhage, that I consider it quite a specific. In dysentery and bowel complaints, I consider it the most valuable article in the Materia Medica. From one-tenth to one-eighth of one grain administered after each discharge, will shortly stop all hæmorrhage and traces of the disease." * * * "In dry coughs, dependent upon irritation of the throat, it is the most prompt agent I have ever used. In nausea and vomiting I have used it, many cases yielding to a single dose of one-fourth of one grain."

Lupulin in Delirium Tremens.—In the *Medical and Surgical Reporter* for December 31st, Dr. D. S. Gloninger, of Philadelphia, has an article upon the use of lupulin in delirium tremens. Of the treat-

ment he says: "Our only indication is sleep, and that must be brought about with the least risk to the sufferer. Have we that which will effect so desirable an end? In lupulin we have that which answers every indication; it is safe; may be given *ad libitum* without danger; a table-spoonful, if you please, every hour until sleep is produced. We have given as much as six pounds before its narcotic effects followed, and would have had no hesitation in giving four times the quantity, were six insufficient."

The above quotation justifies no other inference than that pure lupulin was used; yet, in the succeeding report of a case, it is stated that a tincture of lupulin, made with *pure brandy*, was used. It will readily be seen that there is a difference between *six pounds* of lupulin and six pounds of tincture. If the latter was used, it is quite probable that the brandy had some share in the cure. Will the Doctor please give further particulars?

Chloroform and Cod-Liver Oil in Diphtheritis.—In the *Boston Medical and Surgical Journal* for January 5th, Prof. E. S. Cooper, of San Francisco, has an article upon the above subject. In this affection he thinks the use of the probang injurious. He says, "My treatment is as follows:

R.—Chloroform,	℥iij.	
Ol. jec. anseli,	℥xij.	
Spts. terebinth.,	℥ij.	M.

Apply freely all over the neck, breast, and abdomen, upon flannels covered with oil silk. This I keep on constantly during the continuance of the disease, and for eight or ten days after the patient has sufficiently recovered to walk about. The object of continuance is to prevent relapses, which are very frequent and fatal, without some prevention is used. And this is what is wanted in these cases. Internally, I direct the following to be administered:

R.—Ext. glycyrrh.,	℥iij.	
Acaciæ gum.,	℥j.	
Antimon. tart.,	gr. j.	
Sacch. alb.,	℥ij.	
Aquæ,	℥xviij.	M.

Give a wine-glassful every two hours to a young child, say two years old, and increase in proportion to age. I have had as much, if not more, satisfaction in the results of the treatment of diphtherite on the foregoing plan than in anything occurring in my professional life besides. I therefore recommend it with confidence to the medical profession. I have tried it with nearly the same success in scarlatina. During the course of treatment I do not give patients a particle of

anything else; not a drop of water, nor the least nourishment, save what is in the medicine."

With this treatment in diphtheritis he says, "Of thirty-one patients I have lost but one; and in that case the patient had been sick for several days, and died about eight hours after I first saw him."

This is certainly a very satisfactory result. For convenience of administration, especially to young children, we consider the size of the dose an inconvenience; and the absence of nourishment, especially in scarlet fever, we cannot believe adds efficacy to the treatment.

Puerperal Convulsions.—In the *New York Monthly Review, &c.*, for January, Prof. White, of Buffalo, reports a case of puerperal convulsions of great severity, treated without bloodletting, but quite successfully, with chloroform, &c. "Dr. White thinks puerperal convulsions a disease *sui generis*, not apoplectic, nor epileptic; hence, bleeding is seldom necessary." * * * "The puerperal convulsion is, no doubt, caused by some remote uterine irritation, perhaps uræmia, though the latter is not constant. This condition tends to develop convulsions. His theory is, that we should give chloroform and anodynes to relieve this irritable state of the system, to be followed with croton oil as a counter-irritant. This is easily administered, and acts as a powerful revulsive. He thought we should never arrive at a correct theory, or satisfactory treatment of this disease, until we change our notions in relation to the character of the seizures." We copy the above opinions with pleasure, corresponding, as they do, exactly with our own. We believe more women have died in childbed from the lancet than from convulsions. Cases of puerperal convulsions probably do occur, requiring the abstraction of blood; upon this point we will not call in question the universal judgment of the profession, but we may be permitted to say that such we have never seen. In eleven years' experience we have never bled a case of puerperal convulsions, nor lost a woman in childbed. Eschewing the charge of egotism, we attribute this favorable issue rather to the casualties of good luck than to legitimate sequences of peculiarities of treatment.

Bronchitis.—In the *Medical and Surgical Reporter* for January 7th, Dr. J. R. McClury has an article upon bronchitis. In regard to treatment in the acute form, after bloodletting, if indicated, he advises the following:

"℞.—Nitratis potassæ,	℥ij.	
Tartari emetici,	gr. ij.	
Tilden's verat. viride,	f. ℥j.	
Aquæ font.,	f. ℥viij.	M. S.

Take a table-spoonful every three hours in a tea-cup of flaxseed tea."

In cases of chronic bronchitis the following is advised:

"R.—Potassii ferrocyanuret, f. ʒiv.
Vin. colchici sem., f. ℥j.
Tilden's verat. viride, f. ʒij.
Aquæ font., f. ℥j. M. S.

Take from 20 to 30 drops three or four times per day."

In cases of a scrofulous character, or in scrofulous constitutions, the following is recommended:

"R.—Syrup sarsap., f. ℥viij.
Iodide potassium, ʒij.
Fowler's Solution, f. ʒij.
Tilden's verat. viride, f. ʒjss. M. S.

Take a tea-spoonful three times per day."

We believe it was Prof. G. B. Wood, of Philadelphia, who first advised Fowler's Solution in this form of bronchitis, and we have no doubt of its utility in many cases.

In cases accompanied with great debility, Dr. McClury advises cod-liver oil in usual doses, and the following:

"R.—Mist. ferri comp., f. ℥vj.
Tilden's verat. viride, f. ʒij. M. S.

Take a tea-spoonful three times per day."

Dr. McClury thinks opium objectionable in all cases of bronchitis. He thinks the veratrum viride is equally efficacious as a sedative, and far less objectionable.

Belladonna as an Antigalactic.—In preceding numbers of our *Summary*, we have accumulated evidence of the power of belladonna to control the secretion of milk. Our own experience has also been already given. In the *Medical and Surgical Reporter* for January 7th, Dr. G. E. Galen reports three cases in which the secretion of milk was arrested, and abscess prevented by the use of this article.

He says: "I have tried it in a number of cases, and never yet met with a single failure. What peculiar action the belladonna has in arresting the secretion of the mammary gland, I do not know, but that it does so, if used continuously, and in sufficient proportions, I am certain."

Bronchocele.—In the *N. A. Medico-Chirurgical Review*, for January, Dr. O. B. Knode, of St. Joseph, Missouri, reports the cure of a severe case of bronchocele. A puncture was made, and five pints of fluid were withdrawn. It was now firmly strapped with adhesive plaster, and five grains of iodide of potassium were administered three times a day. In about fifteen months the cure was complete.

Stomatitis Materna.—In the last number of our *Summary*, we gave Dr. J. C. Reeve's plan of treating this troublesome affection with the compound syrup of the phosphates. In the *N. A. Medico-Chirurgical Review*, for January, Dr. E. J. Fountain, of Davenport, Iowa, has an article upon the same treatment of this disease. He has treated four well-marked cases of stomatitis materna with the compound syrup of the phosphates, with the happiest results. He says: "These cases impressed my mind with the belief that, in the syrup of the phosphates, freely administered, we had a pleasant and efficient remedy for the fulfillment of the most important indication. In simple and mild cases it has appeared to be the only remedy needed; but in those of a more aggravated character it cannot be depended upon as a specific, but must be aided by other treatment appropriate to particular symptoms. In the case last referred to, I increased the strength of the syrup, by the addition of an extra quantity of the phosphate of iron and phosphate of lime, giving to the patient five grains of each with every dose, and finally administered in connection with cod-liver oil."

Inversion of the Uterus.—Our readers will doubtless remember our extract from Prof. Bedford's Lectures, in our *Summary* for February, upon the reduction of uterine inversion. It will be remembered that he advised the reduction to be made before removing the placenta. In the *N. A. Medico-Chirurgical Review*, for January, Dr. Wm. Irvin, of Pennsylvania, reports a case of inversion and reduction, teaching, by inference, an opposite doctrine. Immediately after inversion, he says, "I severed the cord, and made several unsuccessful attempts to reduce the uterus, with the placenta still adhering. The hæmorrhage became very alarming, and the woman was sinking, when I remembered Prof. Meigs' injunction to remove the placenta and return the organ, by pressure upon its fundus. I therefore detached it as quickly as possible, and had the satisfaction of finding that the bleeding was much diminished." The uterus was soon reduced, and the patient made a good recovery.

Miasmatic Hæmaturia.—In our *Summary* for February, we made reference to the paper of Dr. Brickell upon this subject. The article referred to, and the editorial remarks of one of the editors of the *New Orleans Medical News and Hospital Gazette*, have called forth two other articles upon this subject, which articles will be found in the January issue of the above-mentioned journal. One of the papers referred to is by Dr. J. C. Cummings, of Monroe, La. Dr. Cummings differs from Dr. Brickell in regard to the nature of the hæma-

turia. He thinks it is not *miasmatic*, and one of his reasons for this opinion is, that "most cases have occurred on the oldest plantations in this parish." Another reason given is, that "it is a disease entirely unknown here until within the last three or four years." He says that during the past summer he has seen and treated five cases; three of the five cases died. Tannin was a favorite remedy with Dr. Cummings.

We confess to a preference for the opinions of Dr. Brickell, and think it is quite probable that, had Dr. Cummings treated his cases with liberal doses of quinine, opium, and perhaps tannin, the result might have been different.

The other paper in the January number of the *News and Gazette* is by Dr. Marsh, of Port Hudson. Whereas Dr. Cummings considers the disease of quite recent origin, Dr. Marsh says, "I was not aware that this disease was considered more rare in malarious districts than other forms of nondescript intermittents, appearing under the garb of pneumonia, dysentery, gastritis, &c. He regards the hæmorrhage as the result of an intermittent engorgement, and says, "Arrest the intermittent, and the hæmaturia, pneumonia, flux, or any other disease it may choose as a mask, ceases." He says he saw three cases last August, all of which were treated with quinine, counter-irritation, and soon recovered.

We cannot conclude our notice of the paper of Dr. Marsh without referring to an idea that we consider erroneous. He says, "When I read in the medical journals of the day of the successful treatment of pneumonia and other inflammatory diseases by quinine, I feel confident the writers are mistaken in their diagnosis; that they are treating a true and genuine intermittent, disguised in all the habiliments of idiopathic inflammation."

We have treated quite a number of cases of pneumonia with quinine, opium, and ipecac, and the "journals of the day" contain the record of such experience. It is easy to assert that our diagnosis is in error—and we shall attempt no self-defence upon this point—but when he says we "are treating true and genuine intermittents, disguised, &c." we enter a demurrer; for an intermittent or remittent fever was *never known to originate* in the present range of our practice, and where we have found quinine, qualified as above, so serviceable in pneumonia. It may be well to observe here, that it is not every case of pneumonia that is best treated with quinine. The pulse, tongue, and the general condition of the patient are the guides to a correct indication.

Acetic Acid in Erysipelas.—In the *Atlanta Medical and Surgical Journal*, Dr. Wm. Hauser has an article upon the above subject. He regards erysipelas as the result of a super-alkaline condition of the system, and thinks acetic acid the appropriate treatment. In fact, he is of opinion that the benefits following the use of the muriated tincture of iron are mainly due to the acid character of the medicine.

We are not quite prepared to give full assent to Dr. Hauser's opinions, but the subject is evidently worthy of further observation.

Iodine Injections in Lymphatic Tumors.—In the *Chicago Medical Journal*, for January, Prof. Daniel Brainard reports a case of lymphatic tumor, successfully treated with iodine injections. The tumor was situated immediately above the clavicle, behind the sterno-mastoid muscle. It was tapped, and twelve ounces of fluid drawn out. The tumor was then injected with a "small quantity of a solution composed of iodine, one scruple; iodide of potassium, one drach.; to one ounce of water. A small quantity remained." A perfect cure resulted.

Treatment of Indolent Ulcers.—In the *Chicago Medical Journal*, for January, Prof. Brainard has the following upon the treatment of indolent ulcers: "During the last three years nearly all the cases of indolent ulcers, entered under our care, to the U. S. Marine Hospital, have been treated by the vapor of iodine. The result is very satisfactory in nearly all cases; more so, by far, than that obtained by any other single method. Its advantages are conceived to be these:

1. Cleanliness and facility of application.
2. Rapidity of cicatrization.
3. Destruction of the odor of the ulcer. Iodine acts as a disinfectant, like chlorine.

The manner of using it is as follows:

1. Dress the ulcer with simple cerate, spread on lint.
2. Take from one to four grains of iodine, according to the size and degree of indolence of the ulcer, folded in several layers of lint, and place it on the ulcer, over the first layer.
3. Cover this with a piece of oiled silk and tin-foil, which should be large enough to extend beyond the edges of the ulcer. This is to prevent rapid vaporization, and it should be secured by a roller. The warmth of the member speedily vaporizes the iodine, and a sensation of warmth is perceived by the patient on the ulcerated surface. If applied in too large quantity, or too directly on the surface, the iodine acts as an escharotic. Care is therefore required in this respect."

Treatment of Intermittents.—In the *Nashville Journal of Medicine and Surgery*, for January, Prof. W. K. Bowling has a very able arti-

cle upon the treatment of malarious fevers in general, and intermittents in particular. It is impossible to give a complete summary of Prof. Bowling's able and eloquent article without making larger quotations than we have space for at present.

The opinions of Prof. Bowling are in accordance with those which we have long entertained, and feebly advocated for years, and are, consequently, of peculiar interest to us. We are confident that any physician that makes them his guide in practice will never have occasion to regret it. Our readers will remember that we gave a summary of W. A. Brown's article in a former number of the MONTHLY. Dr. Brown is of opinion that the complications and sequelæ are mainly due to neglect or inefficient treatment. Prof. Bowling, also, believes, and with this idea we have long coincided, that, if timely administered, quinine is adequate to the prevention or cure of all malarious diseases. He who spends a week or two in bleeding, and vomiting, and purging, and giving calomel, will have no reason to rejoice at his success. In 1680, the immortal Sydenham said that bleeding and purging only prolonged the disease; in his own practice, he resorted immediately to the Peruvian bark, and he advised his professional brethren to do the same, declaring that he never found any ill consequences to follow its use. Sydenham did not believe that any preparatory treatment was necessary in simple intermittents, and Prof. Bowling says, "Our various classes in the University of Nashville know that I have always taught precisely the same doctrine. That I have there every year declared that simple intermittent fever could be 'cured' by quinine, and its return prevented by quinine, and quinine alone, in both cases. That six grains of quinine was a good medium dose (given stirred up in a little water) in this latitude, which ought to be increased as we go South towards the Gulf, or Southeast towards the sea-board. That three such doses were sufficient for the *coup-de-grâce* of simple intermittent. That if we have the selection of time to begin with it, we choose that nearest to the *last* paroxysm, the beginning of the sweating stage of that paroxysm being preferred. And this rule we obey, whether the type be quotidian, tertian, or quartan. I make the interval between these doses two hours, so that eighteen grains are taken in four hours." * * * "On the ninth day, counting from the last paroxysm, however well the patient may be, I insist that two more such doses of quinine be taken, and so two doses more every ninth day, one in the morning and one in the evening, for five consecutive periods of nine days each. He is now certainly relieved from the effects of his poison, and if he were ever

after to stay away from those localities where it is generated, he would never have another attack."

The above fully corresponds with our idea. We have always resorted, in malarious disease, to quinine without delay, and on all suitable occasions have advised the same, *believing that the best preparatory treatment for intermittents and remittents is that which will immediately prevent a return of the paroxysms.* After such interruption, the secretions, if at fault, can be corrected at leisure. We have long since believed that relapses were seldom necessary if the remedy was sufficiently persevered in. Quinine is a *preventive* as well as a *cure*, and should be administered with that in view, after the apparent cure.

In *inflammatory intermittents*, Prof. Bowling says, "In this climate, a single moderate bleeding will alone, in a large majority of cases, reduce an inflammatory intermittent to the simple form, when, if quinine, in twelve-grain doses instead of six, be administered *immediately* after the bleeding, and be repeated at intervals of two hours, until thirty-six grains are taken, the disease is conquered at once."

Where, for any reason, the bleeding is deemed not advisable, we believe the same end may be secured by administering a full dose of opium with the quinine, from three to six hours before the chill is expected. We do not mean one grain, but from three to six grains. In congestive intermittents, if the case is seen very early, and before active inflammation is induced, we question whether the opium is not preferable to bloodletting.

Of quinine, Prof. Bowling says, "I have been in the habit of regarding the sulphate of quinine as the greatest of blessings vouchsafed by a beneficent Providence to afflicted man, and a defence of its eminent virtues has ever been to me a most pleasurable employment."

Chlorate of Potash in Acute Rheumatism.—In the *St. Joseph Journal of Medicine and Surgery*, for January, Dr. J. B. Snelson has an article on the treatment of acute rheumatism with chlorate of potassa. He reports three cases thus treated, with results quite satisfactory. The following is his formula for administration:

℞.—Chlorate of potassa, saturated solution, f. ℥vj.
Tinct. veratr. virid., ℥ss. M.

Dose.—A table-spoonful three or four times a day, and ten grains of Dover's powder at bedtime. The trial is too limited for positive results; yet Dr. Snelson thinks "it holds out encouraging hopes that it may have superior claims as a remedy over that painful and troublesome disease."

Cholera Infantum Cured by a Poisonous Dose of Fowler's Solution.—In the January issue of the *St. Joseph Journal of Medicine and Surgery*, Dr. P. A. Chambers reports a singular case of the cure of a dangerous disease by a still more dangerous accident. A child two years old, laboring under cholera infantum, that had been for a long time ineffectually treated, and of which the Dr. had but little hopes of cure, had administered to it, by mistake, a tea-spoonful of Fowler's solution. The child vomited soon after, seemed to suffer great pain in its bowels, and on the following day commenced to purge blood. It was not seen by a physician until two days after, and then mucilaginous drinks constituted the treatment. In a few days it began to improve, and recovered from the effects of the poison and from the disease at the same time. Dr. Chambers says, "*Similia similibus curantur* is the only way I can explain the beneficial effects of the poison upon the previous disease." If the cure was effected upon Homœopathic principles, it must be admitted that the dose was not in accordance with Homœopathic practice.

Hypophosphites in Phthisis.—In the *Medical Press* for January 14th, is published a letter from Dr. J. J. Campbell, of Brooklyn, to Dr. J. Winchester, reporting the effects of the hypophosphites of lime and soda in his own case. The night-sweats soon ceased to trouble, and the nervous system so improved as to permit sound and refreshing sleep. He says, "When I commenced the use of this remedy, five weeks ago, I weighed only 147 lbs.; now I weigh 161 lbs., a slight increase over my usual weight. My appetite is good, I sleep well, and I feel as if I were going to live in spite of the formation of a cavity in the upper portion of my right lung." This is certainly an encouraging result of the new remedy. The hypophosphites are much more pleasant to take than cod-liver oil, and we hope the effects following its use may be a still more important improvement.

Gastrotomy.—Some of our readers may remember that about five years ago Dr. John Bell, of Wapello, Iowa, reported, in the *Iowa Medical and Surgical Journal*, the extraction of a bar of lead from the stomach—the case being operated upon by himself, and resulting in recovery. The report of the case is reproduced in the *Boston Medical and Surgical Journal* for January 19th. The bar of lead was 10¾ inches long, and weighed 9¼ ounces. The incision into the stomach was made on the left anterior side, and about parallel with the pylorus. The patient made a good recovery, and was discharged on the 15th day after the operation.

Iodide of Potassium in Diseases of the Brain in Children.—In the

Boston Medical and Surgical Journal for January 19th, is an article upon the above subject, by John Coldstream, M.D., &c, copied from the *Edinburgh Medical and Surgical Journal.* Dr. Coldstream says that for more than twenty years he has used the iodide of potassium in brain disturbances of children, particularly in hydrocephalus. He says, "The results I have obtained have been so much more decidedly favorable than those which I had been accustomed to see under the employment of depletion, calomel, and purgatives, that I have been surprised to find comparatively few references to the treatment of diseases of the head by this agent in the more recent works on the practice of medicine. I have met with but a small number of practitioners who seem to recognize it as a remedy of marked efficacy." Following the above remarks, Dr. Coldstream makes allusion to, and quotes the opinions of those who have spoken well of this remedy in this class of diseases.

In the summer of 1849, and consequently about eleven years ago, we commenced the treatment of a case that we diagnosticated to be one of scrofulous meningitis, in its early stages. The case recovered, and remains well up to the present time. We afterwards treated other cases in a similar manner, it is true not always with the same good results, but, at least, successful in the majority.

We were not then aware that any other had advised this remedy in such cases. True, we were aware that authors had recommended it, and reported favorable results from its use in acute and chronic hydrocephalus. But we were not aware that it was advised as an anti-inflammatory remedy in the subjugation of meningitis of a scrofulous character. Our readers are all, doubtless, conscious of the dissimilarity between meningitis and hydrocephalus, though the former often ends fatally in the latter condition. All the authorities that had fallen under our observation had recommended bloodletting, purgatives, mercurials, &c., in meningitis, of whatever form. In the *Philadelphia Medical Examiner* for March, 1853, we had an article upon *scrofulous meningitis*, and its treatment with the iodide of potassium. In the *Northern Lancet* for 1853 we had two articles; and in the MONTHLY for January, 1856, we had a more elaborate article upon the same subject; while Dr. C. V. W. Burton reports in the MONTHLY for April, 1857, five cases treated in the same manner. We mention these facts simply because Dr. Coldstream has made no allusion to either of these papers.

Dr. Coldstream says, "In cases of convulsions from teething, which, amongst ill-fed children, living in badly-aired localities, are not unfrequently followed by hydrocephalus, I have used the medicine with

much satisfaction." We have often made use of the remedy to allay cerebro-spinal excitement with satisfactory results; but, in the circumstances indicated above, we should expect to render the medication much more efficient by the addition of quinine and asafœtida. Lately we have seen some rather surprising results following the use of the syrup of the hypophosphites under the same circumstances.

Ovariotomy.—Before the Pathological Society of London, as per report of proceedings in the *London Lancet* for January, (American reprint,) Dr. Spencer Wells said he had removed *nine* ovarian tumors since the last meeting of the Society. Five of these cases are reported, and the balance promised at a subsequent meeting. Of the five reported, but one died from the effects of the operation. If these are an average of the nine, the results are most satisfactory, and truly remarkable.

These cases and the results are more noteworthy, as most trans-Atlantic surgeons have regarded the operation without favor. Some distinguished French surgeons in particular, have unqualifiedly condemned it. We specify but one instance: M. Velpeau condemns the operation, and says he does not envy his American brethren their practice of ovariotomy. We are certainly glad to learn that Spencer Wells, of London, is operating with such boldness and success. We hope that many more fair unfortunates may find new hope, and a continuance of life in the operation.

In the *Dublin Quarterly Journal*, for Nov., 1859, this same Dr. Wells has an article of much merit upon the subject of ovariotomy, and the means of diminishing the mortality after the operation. Extracts from this article are copied into the January issue of *Braithwaite's Retrospect*. Dr. Wells considers the ligature, and the sloughing of the stump, within the abdominal cavity, the most frequent causes of death, after the operation. To avoid this, he says, "In cases where the peduncle is long, this danger can be avoided by fixing the stump outside the wound; but where the peduncle is short, the écraseur offers evident advantages." In regard to the time of the operation, Dr. Wells makes one remark that perhaps conflicts with the generally received opinion in this country. He says, "It is remarkable that in all the successful cases I have related, the disease was in a very advanced stage; while in the first fatal case it was in a much earlier period of development, and the general health comparatively little injured; but this point again requires more extended inquiry." Dr. Wells is greatly in favor of the use of anæsthetics; the good effects of which he thinks must far outweigh any occasional ill

consequences. All the details of the operation and the treatment are given with such minuteness by Dr. Wells, and his results are so satisfactory, that his article should be read by all contemplating the operation. We would gladly make lengthy extracts, but our space, or rather want of space, will not permit, and we shall probably do a better work by thus calling attention to the original paper. Dr. Wells has but little or no confidence in palliative treatment; yet he does not propose rash extirpation. He says, "We do not propose to perform ovariotomy in a case where a woman, if left alone, would probably live in tolerable comfort for several years. We let *her* alone, and do the little we can to increase her comfort. The cases in which we incur the heavy responsibility of performing a dangerous operation, are those in which the patient *must* take her choice, on the one hand, between the risk attendant on such an operation, with a hope of a perfect cure, if all go well; and on the other, a life of suffering, to be terminated, at no distant date, by a miserable death."

Of these cases, Dr. West says, "We come to the sick-chamber day by day, to be idle spectators of a sad ceremony, and leave it humbled by the consciousness of the narrow limits which circumscribe the resources of our art." Dr. Wells says, "We have all seen the poor creatures he so eloquently describes, fading hopelessly away. But the resources of our art are not so limited as he would imply. We may be something more than idle spectators of a death-bed. We have a resource to offer—hazardous, it is true—but one which has in many cases been crowned by a complete and brilliant success." The question of operation is fairly met in the following: "To him who asks, 'How dare I advise an operation we know to be so dangerous?' I answer, How dare you leave the poor woman to die without an effort to save her?"

Before concluding this rather random article on ovariotomy, we wish to refer to one other matter, in, we trust, not inappropriate connection. Many an operation has been commenced and abandoned because of frightful-looking adhesions. The incision has been made, thus exposing the patient to all the risks of peritonitis, and the operation cowardly abandoned; the patient left in the hopeless depression of despair, and the almost certainty of a miserable death. J. Baker Brown, of London—and higher authority cannot well be found—said before the London Medico-Chirurgical Society, he believed them to offer no objection. We quote from a report of the Society's proceedings, in the *London Lancet*, for Feb. 19th, 1859: "The question of adhesions in this disease was one which had led many to consider their

existence as opposed to the completion of the operation. He (Dr. Brown) believed, and he was borne out by the great experience of Dr. Clay, that they offered no objection to the operation; indeed, it was doubtful if the peritoneum had not been so thoroughly altered from its normal character, as to be less prone to inflammation on that very account." The adhesions, however, should never be cut, but always torn through.

We conclude with an important and truthful remark of Dr. Brown: "In ovariotomy, a careful after-treatment is of as much importance as a correct diagnosis."

Diphtheria.—In the January issue of *Braithwaite's Retrospect*, the views of several distinguished physicians upon this disease are collected from trans-Atlantic journals. We shall briefly give a few of the more important plans of treatment, differing though they do in some particulars. George Bottomley, Esq., Croydon, says, "The treatment I adopted in all the cases under my care was as follows: for *children*,

R.—Solutionis chlorinii,	℥ss.
Syrupi simplici,	℥ss.
Aquæ distillatæ, ad.	℥vj.

M. Fiat gargarisma sæpe utendum.

R.—Solutionis chlorinii,	gtt. iv.
Syrup. aurantii,	℥j.
Aquæ distillatæ, ad.	℥ss.

M. Fiat haustus 2ndâ quâque horâ sumendus.

The dose was increased according to age. Calomel was given in doses of one grain and upward, according to age. The diet, too, consisted of concentrated jellies, strong beef-tea, wine, &c."

Similar to the above, is the treatment emplòyed by J. C. S. Jennings, Esq., Malmesbury. He says, "The plan I have invariably adopted, regardless of sex or age, or incubation of disease, has been to give an active emetic of antimonial wine, from half an ounce to an ounce, according to age; to freely cauterize the throat with solid nitrate of silver; to have a mustard poultice applied from ear to ear; the feet and legs plunged in a hot bath, and the patient confined to bed."

After the operation of the emetic, a cathartic of calomel and comp. extract colocynth was given, and four hours after the following mixture was ordered:

"R.—Quinæ disulph,.	℥ss.
Potassæ chloratis,	℥j.
Acidi hydrochlorici diluti,	℥ss.
Aquæ.,	℥viij.

M.—Fiat mistura cujus sumatur par sexta 4tis horis.

A gargle of chlorine solution was directed to be frequently prepared, by impregnating water as much as can be borne with the proto-oxide of chlorine, generated from two parts of chlorate of potass, one of hydrochloric acid and one of water, and the fauces to be sponged out frequently with the same."

C. Swaby Smith, Esq., Burbage, Wiltshire, says, "On first seeing my patient, I apply the strong solution of chlorinated soda to the fauces, and then follow up my treatment by ordering a sinapism to the throat; a gargle, composed of solution of chlorinated soda, two ounces; tincture of myrrh, two drachms; water, six ounces; to be used every half hour, and in cases where the children are too young to gargle, I order the throat to be frequently washed with the same mixture by means of a piece of sponge. Internally, I give to an adult, (of course varying the dose according to my patient's age,) chlorate of potash, two drachms; dilute nitric acid, three drachms; solution of cinchona, (Battley's,) one drachm; water, to six ounces; the sixth part to be taken every two hours. And in cases where there is much pain in the limbs, I generally add a few minims of the tincture of colchicum, which addition has proved decidedly advantageous; the diet to consist of strong beef-tea, port wine, &c.; in short, all the nourishment the patient can take."

Dr. J. S. Bristom, Southwark, says, "It seems to me most important that stimulants, combined with nourishment, should be commenced with early, and should be systematically persisted in." * * * "I, for one, disapprove of the application to the diseased surface of strong caustics and escharotics, and should prefer the employment in all cases of mild detergent gargles."

Thomas Heckstall Smith, Esq., on the contrary, recommends a strong solution of nitrate of silver to the fauces. Besides this, he says, "the treatment consists of bark, ammonia, vegetable acids, abundance of wine, beef-tea, &c., but chiefly gallic acid, in full doses." * * * "But of all the medicines that may present themselves for our choice, there is one far superior, in my experience, to all others, and upon which I indeed chiefly rely: tincture of sesquichloride of iron." This preparation of iron, with wine in large quantities, is also the favorite treatment of Dr. Ranking.

PROCEEDINGS OF SOCIETIES.

Annual Meeting of the New York State Medical Society.

The Annual Meeting of the New York State Medical Society convened in the Common Council Chamber, at the City Hall, Albany, February 7, at 11 o'clock, A. M.

The Society was called to order by the President, B. Fordyce Barker, who addressed the members.

Delegates in attendance then presented their credentials, which were referred to the Committee on Credentials, consisting of Drs. Percy, Willard and Hoff.

DR. BRINSMADE offered the following resolution, which was adopted:

Resolved, That hereafter all physicians who may be invited to take part in the deliberations of the Society must be proposed by the Committee on Credentials.

The President announced the following Committee on Nominations:

1st District—Dr. E. Harris; 2d, Dr. Wm. Govan; 3d, Dr. Mason F. Cogswell; 4th, Dr. Samuel Shumway; 5th, Dr. Wm. Taylor; 6th, Dr. Geo. W. Bradford; 7th, Dr. —— Cook; 8th, Dr. —— Mack.

DR. TAYLOR offered a resolution that a copy of the Transactions of the Society be sent by the Secretary to each member of the Society. Adopted.

DR. BLATCHFORD, from the committee appointed at the last Annual Meeting of the Society, on the subject of the "Second Degree of Medicine," presented quite a lengthy report, and after reporting progress, asked to be continued, which was granted.

DR. C. B. COVENTRY, from the committee appointed at the last Annual Meeting, under a resolution "that it is expedient to establish a Commission of Lunacy," and to report at this meeting the best method of effecting the object, presented their report and offered the following resolutions:

Resolved, That a petition from the Society, signed by the President and Secretary, be presented to the Legislature, in favor of the appointment of a Commission of Lunacy, in accordance with the former resolution of the Society.

Resolved, That a committee of ——— be appointed to confer with the committee of the Senate on the subject of such appointment.

Resolved, That the members of the State Medical Society, so far as practicable, confer with the members of the Legislature from their respective districts, and urge the necessity of the measure to their favorable consideration.

The report was accepted, and the resolutions set down for discussion on Wednesday morning.

Dr. Brinsmade offered the following preamble and resolution:

Whereas, The American Medical Association, at its last Annual Meeting, has recommended several subjects of importance to the consideration of State and County Medical Societies: Therefore,

Resolved, That a committee of three be appointed to examine these resolutions of the central association, and report to this Society, as early as convenient, what action, if any, may be necessary.

Adopted; and Drs. Brinsmade, Van Dyck, and Wm. Taylor were appointed such committee.

The Secretary announced a communication from the American Medical Association, on the subject of "Criminal Abortion," which was referred to the last-named committee.

A motion was made to permit Dr. Bly, of Rochester, to exhibit an artificial leg.

Objections were offered to taking up the time of the Society, thus early, in this manner, and permission was refused.

Drs. Sanders, Coates, and Bissell were appointed a committee to invite the Governor and the medical members of the Legislature to attend the sessions of the Society.

Dr. Sturtevant then read a paper on "Hypodermic Medication," which was received and referred to the Publication Committee, and the thanks of the Society were returned to the author.

An invitation was received from Gov. Morgan, inviting the officers and members of the Society to visit the Executive Mansion on Wednesday evening. Accepted.

Dr. F. J. D'Avignon read a paper on "Fracture of the lower third of the femur; two years afterwards non-union of the bones," &c. Referred to Publication Committee.

AFTERNOON SESSION.

The Society reconvened at 3.30 P. M.

A communication was received from the Medical Society of Chenango County; also, one from the Madison County Society; also, one from the Chemung County Society. Referred to the Publication Committee.

Dr. S. D. Willard presented a biographical notice of Joel Edwin Hawley, M.D. Same reference.

The Secretary presented an obituary notice of Jonathan Purdy, M.D., by Dr. Geo. Burr; also a biographical memoir of Silas West, M.D., by Dr. Geo. Burr. Same reference.

The report of the Committee on Medical and Surgical Statistics was read by the Secretary, accepted, and the committee continued.

The Secretary read a letter from Dr. J. H. Griscom, announcing that the Common Council of the City of New York had kindly presented to him, for distribution among the members of the Society in attendance, one hundred copies of the "Report of the Proceedings and Debates of the 3d National Quarantine and Sanitary Convention."

The thanks of the Society were voted to Dr. Griscom and the authorities of New York.

DR. S. R. PERCY presented "The Transactions of the New York Academy of Medicine," vol. 2, part 4th, containing the report of the Committee on City Milk.

DR. FINNELL moved that it be referred to the Publication Committee. Adopted.

The Secretary presented the Transactions of the Medical Societies of the States of New Jersey, New Hampshire, Tennessee and Connecticut, for the year 1859.

DR. JOHN BALL presented a paper on "The Extirpation of the Eye." Referred to the Publication Committee.

DR. ARMSTRONG presented a memoir of Dr. Backus, which was referred to the same committee.

DR. E. W. ARMSTRONG read a paper on "Observations on Medical Prosecutions." Referred.

DR. MASON read a communication from the Kings County Medical Society, being a history of measures adopted by it for the increase and diffusion of medical knowledge amongst its members, and of its attempts to add to the general fund of professional information. Referred to Publication Committee.

The Secretary presented from Dr. Silas Durkee his Treatise on Gonorrhœa and Syphilis, dedicated to Dr. Thomas C. Brinsmade, late President of the Society. Vote of thanks returned.

DR. CORLIES read an interesting paper on "Tumors." Referred to Publication Committee.

DR. S. D. WILLARD read a paper entitled "Gun-Shot Wound within the Cavity of the Thorax." Same reference.

DR. CHARLES BARROWS read a paper descriptive of "A Case of Direct Inguinal Hernia." Same reference.

Adjourned until Wednesday morning, at 10 o'clock.

SECOND DAY.

The Society met at 10 o'clock yesterday morning.

The minutes were read and approved.

DR. GRISCOM said that he rose for the double purpose of correcting

the minutes and retrieving the injustice done to a worthy member of the Society. He alluded to the action of the Society in adopting a resolution striking from the minutes all record of a paper read by Dr. Benjamin Lee. It was stated that the gentleman was interested in the article which he had brought before the Society, but he was assured this was erroneous, and it was doing great injustice to Dr. Lee to treat his paper in this manner. He therefore moved that the minutes be amended so as to read, "The reading of the paper was suspended, and the paper referred to the Publication Committee."

Dr. McNulty objected to the motion of Dr. Griscom, and contended that it was not in order, unless a motion to reconsider was first made.

The Secretary read an explanatory letter from Dr. Lee.

Dr. Mason remarked that he had intended to bring the subject before the Society, as he was convinced injustice had been done Dr. Lee. At the proper time he conceived that it would be just to refer the paper to the Publication Committee. This could be done without amending the minutes.

The Chair decided that the motion of Dr. Griscom was in order.

Dr. B. P. Staats appealed from the decision of the Chair.

The Society sustained the Chair by a decided vote.

The question then recurred upon Dr. Griscom's motion to amend the minutes, and it was adopted, and the minutes were so amended.

The resolutions relative to establishing a Commission of Lunacy (as published yesterday) were then read.

Dr. B. P. Staats said that last year he had voted for the appointment of the committee who reported these resolutions, but he now had serious doubts as to the policy of the movement. We had had Inspectors and Commissioners for various purposes, but they had failed to satisfy the public. As the law now stands, it provides for an examination by two respectable physicians, and on their certificate that the patient is in a state of mind to render him unfit to be at liberty, he is committed by magistrates to the County Poor-House or Insane Hospital. Those physicians, generally speaking, know the patient, and are qualified to pass upon his condition. This was a fair and summary manner of disposing of him. He did not believe he would be safer in the hands of one Commissioner than under the present arrangement. More than one-half the lunatics are paupers. The expense of the Commission, besides the delay it would occasion in passing upon cases of lunacy, would be very great. He concluded by saying that he did not believe officers of this kind were needed.

Dr. Coates said that Dr. Staats's remarks were very appropriate,

and if that was all the resolutions contemplated, they might better not have been originated. The examination of cases as alluded to by Dr. Staats would be but a small portion of the business devolving on this Commission. The drawer of the resolutions had in his mind views more extensive, and if the Commission should be appointed, such cases as alluded to by Dr. Staats would be left where they are now. But surrounded by laws as we are, that govern matters without, and laws within that govern mind, it seems to be necessary to legalize and systematize the matter, so that the unfortunate claimants for care can be reached and looked after.

It may be the duty of this Commission to examine alms-houses, and look up this class of beings, and have them cared for in a different manner than they now are. They are gathered together in every poor-house, and very little is done for them. This Commission *could* do something for them. But there would be a branch of business for this Commission still different. It would be the examination of insane criminals. The Governor had, last year, been called upon to examine cases of this character, and was compelled to appoint a special commission to inquire into the alleged lunacy of certain persons charged with crimes. These Commissions had disposed of the matter in a different way than a regular legalized Commission would have done.

Dr. Coates then alluded particularly to the causes above referred to. It seemed necessary to systematize this matter, and he did not see how it could be done without legislation. If this thing is to be carried out, there are some points proper to be discussed here, but for the present he would defer further remarks.

DR. BISSELL favored the adoption of the resolutions. This Commission would be appointed more particularly to inquire into the condition of lunatics in poor-houses and prisons, and ascertain who need the care and protection of the State. This is what the resolutions contemplate.

DR. STURTEVANT said he had been engaged for the past ten years in the Oneida Alms-House, and could appreciate the value of a Commission of Lunacy. He was strongly in favor of the adoption of these resolutions.

DR. SANDERS concurred with Dr. Staats as far as he went, but took a wider range. He was in favor of the resolutions, and, in case the Commission was appointed, hoped it would look into our lunatic asylums.

DR. COVENTRY said Dr. Coates had presented some of the considerations that induced the presentation of these resolutions. Having been placed on the committee appointed at the last annual meeting to consider this subject, he felt bound to make a report, and after

consultation with citizens in different sections of the State, both medical and otherwise, he was satisfied that something should be done for the unfortunate class of whom the Commission would have the care. But a small portion of the insane of the State find accommodation in the asylums—probably not one-half. Large numbers were congregated in the alms-houses throughout the State, and he asked where is the protection offered them by the State in these cases? Dr. Staats had entirely mistaken the objects of this proposed Commission. Its object, as set forth in the report, is, in the first place, to examine into the condition of the insane persons, wherever found in the State; and in the second place, and more particularly, to ascertain the condition of the insane, and report to the Legislature whether they are kindly taken care of. In England, they were finally driven to the necessity of applying for the appointment of a commission, and it worked admirably.

In addition to what has already been said of the duties of the Commission, they would have other and important labors to perform. Any person who may have attended criminal trials, where the plea of insanity is set up, knows the farce that is gone through with. He attended trials for weeks, when, on both sides, a large amount of testimony had been offered as to the insanity of the criminals, and when the trial had been concluded, the judge told the jury that twelve gentlemen had been called on either side, leaving it impossible for a jury to pass upon the question. Now, if a Commission should hear the testimony and then give its evidence, it is presumed it would have some influence with the court and jury. As it is now, it must be mortifying to all to see the way the subject is treated.

Another circumstance is, where Executive clemency is claimed or asked on the ground of insanity. Governor Morgan had asked for an appropriation for the purpose of a Commission. It is the course pursued by nearly all the governments of Europe. I am aware it would be attended with some expense; but, compared with the care and attention it would secure to the insane, this would amount to very little.

Dr. Wilbur favored the adoption of the resolutions, and related to the Society, briefly, accounts of his visits to some of the alms-houses of the State, showing the wretched condition of the insane poor of the State. Unless some Commission should be appointed, he could not see how the attention of the public could be called to the retrograde movement of removing insane patients from the lunatic asylums to the county poor-houses.

DR. COATES said the only difficulty in the way was the manner of the appointment of this Commission. It would be well, if practicable, to empower this body to make such appointment. This would secure the appointment without prejudice or political influence.

DR. COVENTRY said a petition on this subject had already been presented to the Senate, and referred to the Medical Committee of that body. The number of Commissioners, and the manner of their appointment, would be embodied in the bill, and the duty of framing it would devolve on that committee. He thought the less we meddle with legislation the better we should be off, excepting, however, to recommend measures conducive to the public health and good.

DR. PARKHURST favored the adoption of the resolutions, and he deemed it necessary for the care and protection of the insane.

The question was then taken on the resolutions, and they were adopted.

The number of the committee was fixed at five, and the Chair appointed Drs. Coventry, Bradford, Coates, Mason, and Sanders such committee.

DR. SQUIBB then read a communication from the Kings County Society, entitled "Notes upon New Remedies."

A motion to return the thanks of the Society to its author was unanimously adopted, and the paper referred to the Publication Committee.

The Secretary presented a communication from the Medical Society of Schuyler County. Referred to Publication Committee.

DR. ORDRONNAUX next read a memorial from the Queens County Society, relative to the laws regulating the practice of physic and surgery. Accompanying it was a report made to the Queens County Society, on the subject, by Dr. John Ordronnaux, being a legal opinion. Referred to the Publication Committee.

DR. GOODRICH, from the committee appointed at the last meeting to inquire into the subject of "Anæsthetic Agency, its Origin, its Authorship, and its first Introduction into Medical and Surgical Practice in the United States," presented an elaborate report, and concluded by awarding to Dr. Wells the credit of being the discoverer of anæsthetic agency.

The report was accepted, and referred to the Publication Committee.

DR. STAATS moved the adoption of the report.

DR. GRISCOM remarked, that long before Dr. Wells was born, Anæsthesia had been discovered, and that to Humphrey Davy belonged the

credit for its discovery, if to any one. Dr. Wells did not discover the idea; he merely took it up and carried it forward. He claimed that Drs. Morton and Wells stood upon the same platform, and he was opposed to the Society saying that the claim of originality belonged to either of them.

Dr. Jones explained the connection of Drs. Wells, Morton, and Jackson with this subject, and thought the Society had better not have anything to do with the matter.

Dr. Bissell moved that the whole subject be laid on the table indefinitely. Adopted.

Dr. Parker, from the committee appointed at the last meeting to examine certain pharmaceutical preparations, presented their report, which was adopted, and referred to Publication Committee.

Dr. Percy read a paper on "Pharmaceutical Preparations," which was referred to the Publication Committee.

AFTERNOON SESSION.

The Society reconvened at 3½ o'clock.

Dr. Brinsmade, from the committee appointed to consider the recommendations of the American Medical Association on several subjects of importance, presented a report, accompanied by the following resolutions:

ON THE SUBJECT OF CRIMINAL ABORTIONS.

Resolved, That this Society cordially approves of the action of the American Medical Association in its efforts to exhibit the extent of the evils resulting from the procuring of criminal abortions, and of the means which are adopted to prevent its commission, and cheerfully comply with the request to a "zealous co-operation" for the furtherance of more stringent legislation, in regard to this most destructive and revolting crime, committed almost with impunity, and with appalling frequency.

Resolved, That a committee of three be appointed to present the memorial of the President and Secretaries of the American Medical Association, which has been read, to the Legislature of the State, at its present session.

The resolutions were adopted, and Drs. Staats, Armsby, and Townsend were appointed the committee.

ON THE NEW YORK STATE INEBRIATE ASYLUM.

Whereas, In the opinion of this Society, there is no hospital or asylum in our country so well calculated to relieve so much suffering and prevent so much insanity, idiocy, and death, as the New York

Inebriate Asylum, now in course of construction at Binghamton, where founded: Therefore,

Resolved, That this Society most earnestly recommend to the Legislature of the State of New York the importance of appropriating a sufficient sum of money for the immediate completion of the Inebriate Asylum.

Resolved, That a committee of three be appointed to present this action of the Society to the attention of the Legislature of the State, now in session, and to use their influence to obtain an enactment in accordance with the above resolution.

The resolutions were adopted, and Drs. Blatchford, March, and Quackenbush were appointed such committee.

DR. ORDRONNAUX offered the following resolution, which was adopted:

Resolved, That a committee of five be appointed to report upon the feasibility of amending the present laws of this State regulating the practice of physic and surgery; and if so, in what way.

On this committee Drs. Ordronnaux, Jones, Mason, Willard, and Strew were appointed.

DR. COATES offered a resolution that a committee of three be appointed to report upon the subjects presented in the Inaugural Address of the President, which was adopted, and Drs. Coates, Griscom, and E. H. Parker were appointed such committee.

DR. BALL offered the following preamble and resolution:

Whereas, In view of the extensive adulteration of drugs which are sometimes sold by apothecaries, resulting often in great damage to the patient, and disappointment to the physician:

Resolved, That a committee of five be appointed by the Chair, of which Dr. Squibb shall be chairman, to report, at the next meeting of this Society, some measures calculated to correct this growing evil.

Adopted, and Drs. Squibb, Ball, Joel Foster, Percy, and Husted were appointed such committee.

DR. SANDERS then read a paper on "A Case of Insanity."

At the conclusion of its reading a motion was made to lay it on the table, which was carried.

A motion to reconsider the vote was lost.

DR. SANDERS then requested permission to withdraw the paper, which was granted.

DR. WILLIAM TAYLOR offered the following resolution:

Resolved, That a committee of three be appointed to present to the Legislature the subject of providing by law for a more general vaccination in this State, and that the report made by a committee to this Society, at its session of 1859, and the action of the Society thereupon, be communicated to the Legislature, with the request that a

law be passed at its present session in conformity with the suggestions contained in said report.

Adopted, and Drs. William Taylor, Boyd, and Vanderpoel were appointed such committee.

The Secretary presented the following papers:

"A Case of Gun-shot Wound, the Ball passing through the Chest entire, and escaping from the Back," by N. C. Husted, of New York City.

"Facial Paralysis," by F. Everts, of Oswego.

Referred to Publication Committee.

The Society then adjourned until Thursday morning, at 9 o'clock.

THIRD DAY.

The Society was called to order at 9 o'clock, A. M.

The minutes were read and approved.

Dr. Parker, from the Committee on the President's Address, presented the following resolutions:

Resolved, That a committee of three be appointed by the President to represent this Society in the Medical Convention, for the revision of the Pharmacopœia, to be held at Washington, D. C., on the first Wednesday of May next, and that this committee be instructed to act in accordance with the recommendations of the President's Inaugural.

Adopted; and Drs. Squibb, Howard Townsend, and Caleb Green were appointed such committee.

Resolved, That a committee of five be appointed by the Chair to take into consideration so much of the President's Address as refers to a Topographical and Hydrographical Survey of the State, with reference to systematic drainage, as a hygienic measure, and to report at the next session of the Society.

Adopted; and Drs. Harris, Orton, Bradford, Seymour and Hunt were appointed such committee.

Dr. J. V. P. Quackenbush, Treasurer of the Society, made his annual report, which was referred to a committee composed of Drs. Mason, Beattie and Bradford.

Dr. Hoff presented a paper from Alfred Mercer, M.D., read before the Syracuse Medical Association, entitled "Prevention, Contagion, and Diagnosis of Small-Pox." Referred to Publication Committee.

Dr. A. Willard presented a biographical notice of Levi Farr, M.D., of Greene, Chenango County. Referred to Publication Committee.

Dr. Mason, from the committee to examine the Treasurer's books,

reported that they had compared them with his vouchers, and that they find them correct. Report accepted.

DR. COVENTRY, from the Committee on Nominations, presented the following report:

President—DANIEL T. JONES, of Onondaga County.

Vice-President—E. H. Parker, Poughkeepsie.

Secretary—Sylvester D. Willard, Albany.

Treasurer—J. V. P. Quackenbush, Albany.

Publication Committee—Thomas Hun, S. D. Willard, and Howard Townsend.

The committee also reported upon the nominations to the various committees and delegates to the American Medical Association.

The committee recommended for the honorary degree of medicine the following persons: Francis J. D'Avignon, Clinton Co.; Harrison Teller, Brooklyn; Peter Moulton, New Rochelle.

The report of the committee was accepted, and the nominees, as presented by the committee, were elected to the respective positions for which they were named.

DR. MCNULTY offered a resolution that the Society appoint delegates to attend the National Quarantine and Sanitary Convention, to be held at Boston, in June next. Adopted.

The Chair appointed twenty-five delegates, and by motion the name of the President was added to the list.

DR. FOSTER called attention to a resolution, adopted at the last meeting of the Society, that County Medical Societies furnish the State Society with a complete list of the number of their members in each year, and of those who have died, together with the ages at which death took place.

DR. BRINSMADE presented the list of members, &c., of the Rensselaer County Medical Society. Referred.

DR. BLATCHFORD presented a condensed statement of what has been attempted in the direction of medical education, by the Medical Convention of 1846 and 1847, and by the American Medical Association since its organization in 1847. Referred to Publication Committee.

DR. A. J. DALLAS presented a biographical notice of Dr. Jas. Briggs, of Onondaga. Same reference.

DR. BRINSMADE presented the mortuary record of the City of Troy for nine years, from 1851 to 1859 inclusive; also a record of private practice for the years 1858 and 1859. Same reference.

DR. DANIEL HOLMES, of Canton, Bradford Co., Penn., read a paper

entitled "Fracture of the Neck of the Femur, within the Capsule, with Bony Union, in fourteen weeks and three days."

Dr. March offered the following resolutions:

Resolved, That we have listened with great interest to the paper just read by Dr. Holmes, on Inter-Capsular fracture of the neck of the thigh-bone; that the history of the accident, the symptoms, treatment and result, together with the examination of the post-mortem specimen, furnish satisfactory evidence of the existence of a fracture, as claimed by the author; that it was *complete*, not *impacted perfectly within the capsular ligament*, and so firmly united, as not to admit of separation without the use of great violence.

Resolved, That the thanks of the Society be presented to Dr. Holmes for his highly instructive and useful paper; and that he be requested to furnish a copy for publication in the Transactions of the Society.

Drs. Parker, McNulty and Brinsmade objected to the passage of the resolutions, for the reason that the specimen did not settle the disputed point as regards perfect bony union within the capsule, which could not be demonstrated in the specimen without a longitudinal section through the bone, and a careful microscopical examination.

Dr. Brinsmade then offered the following rosolution as an amendment:

Resolved, That the paper of Dr. Holmes, with the specimen of the bone, be referred to a committee of three, with Dr. March as Chairman, to report at the next meeting of the Society.

Adopted; and Drs. March, Brinsmade and E. H. Parker were appointed such committee.

Dr. French moved that a committee be appointed to address a letter to the Secretary of each County Medical Society here represented, requesting said Secretary to furnish the names of members of each County Society, and the names and age of all such members who have died for the last five years. Adopted, and Dr. French was appointed such committee.

Dr. Coventry offered the following resolutions, which were adopted:

Resolved, That the committee appointed to confer with the Medical Committee of the Legislature, on the subject of the appointment of a Commission of Lunacy, be discharged.

Resolved, That a committee of three, residing in the City of Albany, be appointed with authority, if such appointment cannot be effected at the present session of the Legislature, to present the subject early to the next Legislature.

Dr. Armstrong offered the following resolution:

Resolved, That the habit of prescribing, by regular physicians, articles of medicine, whether in the form of fluid extracts, sugar-coated pills, patent medicines, or other articles prepared by non-professional

persons, or by persons ignorant of their therapeutical properties, or by persons not recognized by the medical profession as possessing the necessary qualifications, is incompatible with the honor, dignity and best interests of the profession, for the following reasons:

1st. Because the component parts of said medicines cannot be known with certainty.

2d. Because it is doing injustice to a useful class of persons, who, although not identified, are closely connected with the profession, and are justly regarded as auxiliary to its usefulness.

3d. Because it encourages a class of persons in no respect responsible for its honor and integrity.

4th. Because it commits the best interests of the profession to those who endeavor to profit by its sanction and patronage.

5th. Because it affords facilities and encouragement to non-professional persons, wholly incompetent to prescribe for themselves, and thus the profession is sometimes made to aid, by its sanction, the commission of criminal practice.

Adopted.

Resolutions were adopted returning thanks to the retiring officers, and also to the Mayor and Common Council of the City of Albany, for the use of the Common Council Chamber.

The Society then adjourned *sine die*.

Academy of Medicine. Regular Meeting, January 18, 1860. DR. JOHN WATSON, *President*, in the Chair.

A paper, on a New Mode of Arresting Surgical Hæmorrhage, by DR. SIMPSON, of Edinburgh, was read.

In this paper, the various usual methods of controlling the hæmorrhage arising from surgical wounds were first briefly described, and objections made to them. By the new process of acupressure, Dr. Simpson hoped to overcome, in a great measure, all those difficulties, as by it he expected to arrest the hæmorrhage attendant upon surgical wounds, *without leaving permanently any foreign body whatever* in the wound itself.

Dr. Simpson stated that he had tested the effects of acupressure as a means of effectually closing arteries and stanching hæmorrhage first upon the lower animals, and lately in two or three operations on the human subject. The instruments which he proposed should be used for the purpose were slender needles or pins of passive iron, headed with wax or glass, and in other respects also like the hare-lip needles commonly used by surgeons at the present day, but longer

when circumstances require it. They might be coated with silver or zinc on the surface, if such protection were deemed requisite.

At first, Dr. Simpson believed that in using acupressure as a hæmostatic means, it would be necessary to compress the tube of the bleeding artery between two needles, one placed on either side of it. But in his later experiments upon the living as well as the dead body, (as in amputations on the latter, and subsequently injecting tepid water through the arteries, in imitation of the flow of blood,) he had found that the compression of one needle was usually perfectly sufficient to shut up an artery, and that even sometimes, when two or more bleeding points were near, they could be closed simultaneously by the action of one needle or pin. The whole process consists in passing the needle *twice* through the substance of the wound, so as to compress together, and close, by the middle portion of the needle, the tube of the bleeding artery a line or two, or more, on the cardiac side of the bleeding point. The only part of the needle necessarily left exposed on the fresh surface of the wound is the small middle portion of it, which passes over and compresses the arterial tube; and the whole needle is withdrawn on the second or third day, or as soon as the artery is supposed to be adequately closed, thus leaving *nothing* whatever in the shape of a foreign body within the wound or in the tissues composing its sides or flaps. To produce adequate closing pressure upon any arterial tube which it is desired to constrict, the needle must be passed over it so as to compress the tube with sufficient power and force against some resisting body. Such a resisting body will be most frequently found—1st, in the cutaneous walls and component tissues of the wound; 2nd, sometimes in a neighboring bone, against which the artery may be pinned and compressed by the acupressure needle; and 3rd, in a few rare cases it may possibly be found in practice, that a second needle may require to be introduced to serve as a point against which the required compression is to be made. Most commonly the first of these three plans seems perfectly sufficient, and that even in amputation of the thigh. In acting upon this mode, the surgeon may place the tip of the fore-finger of his left hand upon the bleeding mouth of the artery which he intends to compress and close; holding the needle in his right hand, he passes it through the *cutaneous* surface of the flap, and pushes it inward till its point project out to the extent of a few lines on the raw surface of the wound, a little to the right of, and anterior to his finger-tip; he then, by the actions of his right hand upon the head of the needle, turns and directs the needle, so that it makes a bridge as it were

across the site of the tube of the bleeding artery immediately in front of the point of the finger with which he is shutting up its orifice; he next, either with this same fore-finger of the left hand, or with the side of the end of the needle itself, compresses the locality of the bleeding arterial orifice and tube, and then pushes on the needle with his right hand so as to make it *re-enter* the surface of the wound a little to the left side of the artery; and lastly, by pressing the needle farther on in this direction, its point re-emerges through the *cutaneous* surface of the flap, and the site of the tube at the bleeding artery is in this way left pinned down in a compressed state by the arc or bridge of steel passed over it. The needle thus passes first from and through the skin of the flap *inward* to the raw surface of the wound, and after bridging over the site of the artery, it passes secondly from the raw surface of the wound *outward* again to and through the skin. Sometimes the needle will be best passed by the aid of the eye alone, and without guiding its course by the finger-tip applied to the bleeding orifice. It compresses not the arterial tube alone, but the structures also placed over and around the *site* of the tube. When the needle is completely adjusted, all of it that is seen on the surface of the raw wound, and that not necessarily so, is the portion of it passing over the site of the artery, while externally, upon the cutaneous surface of the flap, we have remaining exposed more or less of its two extremities—namely, its point and its head. The rest of it is hidden in the structures of the flap or side of the wound. The degree of pressure required to close effectually the tube of an artery is certainly much less than medical practitioners generally imagine; but in the above proceeding the amount of pressure can be regulated and increased, when required, by the acuteness of the angle at which the needle is introduced and again passed out, the cutaneous and other structures of the flap serving as the resisting medium against which the needle compresses the arterial tube. But if it were ever, perchance, necessary to produce greater compression than can be thus accomplished by the needle alone, this increased pressure could be readily obtained by throwing around the two extremities of the needle exposed cutaneously a figure-of-eight ligature, as in hare-lip, with or without a small compress placed between the arc of the ligature and the skin. The process of the adjustment of the needle is difficult to describe shortly by words, but the whole of it is readily seen and imitated when repeated upon a piece of cloth or leather. We fasten the stalk of a flower in the lapelle of our coat by a pin passed exactly in this manner. To compress a bleeding artery against a bone

is somewhat more complicated, but not much so. In accomplishing it, we have to introduce from the cutaneous surface a long needle through the flap of the wound obliquely to near the site of the artery, and then compressing, with the fingers of the other hand, or with the end of the needle, the part containing the artery against the bone, we make the needle, after passing over this compressed part, and after testing whether it has closed the vessel or not, enter into the tissues beyond, and if necessary even emerge from, the cutaneous surface on the other side at an angle somewhat oblique to that at which it entered; thus taking advantage of the resiliency and resistance of the soft textures to make them push the needle with the necessary degree of compression against the artery and bone. Arteries in particular parts require special adjustments and modifications to compress them against the neighboring bone, which only experience can point out. There is always sufficient soft tissue on either side of the artery for the needle to get a purchase upon, to compress the arterial tube against the bone or other resistant point. In two cases, Dr. S. had found that branch of the internal mammary artery, which so frequently bleeds in the bottom of the wound after excision of the mamma, easily and perfectly closed by a needle passed through the flap to near the artery, then lifted over it, and (after compressing it so as to stop the flow of blood) pushed onward into the tissues beyond. Possibly, in some amputations, an acupressure needle or needles may yet be passed, immediately before the operation, half an inch or so above the proposed site of the amputation line, so as to shut the principal artery or arteries, and render the operation comparatively bloodless. If so, these needles would serve, at one and the same time, the present uses of both tourniquet and arterial ligatures. Perhaps this will be found, in some cases, a simple and effectual means of compressing and closing the artery leading to an aneurism—as the femoral artery, for example, in popliteal aneurism—changing the operation for that disease into a simple process of acupuncture instead of a process of delicate dissection and deligation, when in any case the milder methods of compression, manipulation, and continuous flexion of the limbs fail. It has been hitherto a difficult problem to obstruct the vessels of the ovarian ligament in ovariotomy, without leaving a foreign body, whether clamp or ligature, upon the stalk of the tumor, to ulcerate and slough through it. If the stalk be transfixed and pinned in its whole breadth to the interior of the relaxed abdominal walls, by one or more acupressure needles, passed through these abdominal walls from without, this difficulty may possibly be overcome. That

needles used for the purpose of acupressure, and passed freely through the walls and flaps of wounds, will not be attended by any great degree of disturbance or irritation, is rendered in the highest degree probable by all that we know of the tolerance of living animal tissues to the contact of metallic bodies. Long ago John Hunter pointed out that small shot, needles, pins, &c, when passed into and imbedded in the living body, seldom or never produced any inflammatory action, or none at least beyond the stage of adhesive inflammation, even when lodged for years. Some time ago, when the subject of acupuncture specially attracted the attention of medical men, Cloquet, Pelletan, Poillet, and others, showed that the passage and retention of long acupuncture needles was attended with little or no irritation in the implicated living tissues. The reviewer of their works in the *Edinburgh Medical Journal* for 1827, observes: "It is a *remarkable* circumstance that the acupuncture needles never cause inflammation in their neighborhood. If they are rudely handled or ruffled by the clothes of the patient, they may produce a little irritation; but if they are properly secured and protected, they may be left in the body for an indefinite length of time without causing any of the effects which usually arise on account of the presence of foreign bodies. In one of M. Cloquet's patients, they were left in the temples for eighteen days; and in cases in which needles have been swallowed, they have remained without causing inflammation for a much longer period. It appears probable, from the facts collected on the subject, that metallic bodies of every kind may remain imbedded in the animal tissues without being productive of injury." All the late observations and experiments upon metallic sutures are confirmatory of the same great pathological law of the tolerance of living tissues for the contact of metallic bodies imbedded within their substance. In the operation for hare-lip, surgeons use needles to keep the lips of the wound approximated, often compressing these needles strongly with their figure-of-eight ligatures, and find this measure the most successful means which they can adopt for accomplishing primary adhesion.

The acupressure of arteries, when compared with the ligature of them, appears, as a means of arresting hæmorrhage, to present various important advantages: 1st. It will be found more easy, simple, and expeditious in its application than the ligature. 2d. The needles in acupressure can scarcely be considered as foreign bodies in the wound, and may always be entirely removed in two or three days, or as soon as the artery is considered closed; whilst the ligatures are true foreign bodies, and cannot be removed till they have ulcerated

through the tied vessels. 3d. The ligature inevitably produces ulceration, suppuration, and gangrene at each arterial point at which it is applied; whilst the closure of arterial tubes by acupressure is not attended by any such severe consequences. 4th. The chances, therefore, of the union of wounds by the first intention should be greater under the arrestment of surgical hæmorrhage by acupressure, than the ligature. 5th. Pyæmia and surgical fever seem not unfrequently to be excited by the unhealthy suppuration, &c., in wounds which are liable to be set up by the presence and irritation of the ligatures. 6th. These dangerous and fatal complications are less likely to be excited by the employment of acupressure, seeing the presence of a metallic needle has not the tendency to create local suppurations and sloughs in the wound, such as occur at the seats of arterial ligatures. And 7th. Hence, under the use of acupressure, we are entitled to expect both—first, that surgical wounds will heal more kindly and close more speedily; and secondly, that surgical operations and injuries will be less frequently attended than at present by surgical fever and pyæmia.

The discussion on diphtheria was then taken up, and continued through this and the following sitting of the Academy, but nothing new was elicited either as regards the pathology or treatment of the disease.

Proceedings of the Buffalo Medical Association. January Meeting, reported by Wm. H. Butler, M.D., Secretary.

Dr. Hutchins reported the following case of *Rupture of the Uterus:*

As Dr. Gould is absent, to whom it properly belongs, I will mention a case of rupture of the uterus, which occurred a few days since.

Dr. Gould was called early in the morning, and found a woman about twenty-five years old, the mother of two children, in labor with her third child. There had been no motion for some days. The arm presented. A German woman, who had acted as midwife, had drawn violently on the arm for three or four hours. Dr. Gould immediately attempted to turn, but was unable to do so. He came and requested me to go and assist him. On reaching the patient I also made an attempt to turn, but from the violent contraction of the uterus could not succeed. As I supposed it impossible for any person to turn with such a state of things, I requested Dr. Gould to hand me the perforator which I had carried with me, my hand still being in the vagina, that I might commence the dissection and removal of the fœtus. He

said that he would first prefer a trial by a third person, and left, to get some one else to make the effort. I remained with the woman during his absence, which was about half an hour; soon after he left the woman got on her knees by the side of the bed, and had several very violent pains. Just before his return she got into bed again. Dr. Miner came back with Dr. Gould, and immediately introduced his hand, and turned without any difficulty. After the removal of the fœtus, which had been dead for some time, Dr. Miner introduced his hand into the uterus, having been surprised at the want of pains during the delivery of the fœtus, and discovered that there was a rupture of the uterus. He passed his hand up into the cavity of the abdomen. After he had withdrawn his hand I introduced mine; found the rupture, and withdrew the placenta. The woman died three days after.

DR. EASTMAN remarked that he had noticed that most of these cases had occurred where a midwife had been in attendance. He had been called in on two occasions where midwives had been first employed, and after difficulty was encountered, a doctor was sent for. One case he was called to see, a few days ago, he found a midwife making violent traction on the arm, which had presented. In this case, owing to the length of time in labor, he had great difficulty in turning the child, but finally did it to the great relief of the woman.

DR. CRONYN had been called to a case where a midwife had preceded him, and found that she, finding a convenient handle protruding—the arm—had pulled on it so hard that it only held by the skin.

Dr. Cronyn also reported a case of labor where the child, after birth, continued to vomit blood. The presentation was the right knee; the doctor pushed the knee gently back, and after a few pains the breech presented, and the woman was rapidly delivered of a healthy female child, nearly asphyxiated, but restored by cold water. The second day after he was requested to see the child, which had been vomiting blood, and continued to vomit when anything was drank for thirty hours, or until death ensued. Every remedy was tried that was thought advisable, in vain. There were no symptoms of cyanosis; the heart and lungs seemed healthy; no cough. The doctor thinks that there must have been at least a pint of blood thrown up during the time the child lived. The case related was rare to Dr. C., and he asked if members had met with cases like it. A post-mortem could not be obtained.

DR. BUTLER stated in relation to the case of rupture of the uterus, reported by Dr. Eastman, that a year ago he had been requested to

make a post-mortem, where a female had died suddenly after turning and delivery. In this case also a midwife had been in attendance for the greater part of the night, and finally sent for a doctor, who turned and delivered. The patient sank, and died a few hours after.

The case was investigated, and on making a post-mortem, Dr. B. found rupture of the uterus upon the right side.

Dr. Butler related the particulars of a post-mortem he had made at the request of Coroner Randall. The subject was a woman about twenty-seven years old, whose person bore evidences of secondary eruption, with the whole body and intestines loaded with fat. The coats of the stomach were highly inflamed, softened, and it had an alcoholic smell. There were two wounds, as if caused by a knife; one across the lower part of the back, the other between the eighth and ninth ribs of the right side, running obliquely upward into the cavity of the chest. Both wounds had partially glued together, but the finger readily entered the thoracic cavity through the upper wound; and around the internal edge of the cut a rim of plastic lymph was effused. The lung on this side was entirely gone, save a very thin shred close to the mediastinum; and in its place was a mass of thick pus, which was dipped out with a cup. Not even a bronchial tube remained.

He reported the case for the purpose of asking the opinion of members of the Association as to the probability of the entire disorganization of the lung in a person of bad habits, with the fatty degeneration present in this case, in sixteen days. (It appeared in evidence afterwards that the woman lived sixteen days after being stabbed.) The case was interesting in a medico-legal point of view, and this question was in reality of considerable importance in its effect on the accused.

Dr. Cronyn had never seen a case precisely like the one related, but saw a patient who was admitted into the Toronto Hospital, and who died a few days after admission. On examination, after death, it was found that the lung on the right side was entirely disorganized and gone. This showed, at least, that a person might live with one lung entirely gone.

Reviews and Bibliography.

Several notices prepared for this section have been unavoidably deferred.

EDITORIAL AND MISCELLANEOUS.

— The editorial which DR. FLINT has addressed to the subscribers of the *Buffalo Medical Journal* will indicate to the readers of the MONTHLY the union of journals which has been accomplished since our last issue. In completing the consolidation therein referred to, we are materially enlarging the area of our own influence, and adding to the solid elements of our journal. In the accession of DR. FLINT and the collaborators of his journal to the host of good friends who have lent their valuable aid to the establishment of the MONTHLY, we see an abundant cause of congratulation to our readers, as well as to ourselves; and we hope hereafter, by our joint exertions in the field of medical journalism, to merit the continued support of our old friends, and to gain the esteem of our new ones.

To the Subscribers of the New York Monthly Review and Buffalo Medical Journal.—A change in the management of an old and firmly established journal should be a matter of regret, if it be not productive of decided benefit to the subscribers, and through them, to the conductors of the journal. We considered that we were making such a change when we engaged a business man in the publication; and most of all did we anticipate benefit from the removal of the office of publication from the city of Buffalo to the great centre of our country. We looked upon medicine as national, and deemed that place the best for our journal where we would be able to command the most material for making it useful and practical. It was our hope and anticipation, at the commencement of the fifteenth volume, that after our journal had been firmly established, on its own basis, in New York, we would be able to form a union with one of the metropolitan journals, which would be for the good of both. Such a step would be so palpably for the benefit of those who honor us by their good-will, as to need little more than a simple announcement from us, if it had been taken when our engagements for the year had been fulfilled. Circumstances have rendered it necessary that this step should be taken at the present time, and an explanation is therefore demanded on our part.

Our readers will recollect an advertisement which appeared in our October number, for which we apologized, with the assurance that it should never again occur. We had been careful to retain the absolute power of excluding all improper advertisements, holding *ourselves* responsible personally for anything which appeared in any part of the JOURNAL; and we had anticipated that the Buffalo publisher would

see the policy—if he did not realize the degradation of another course—of keeping the JOURNAL pure and unsullied. With that idea, we omitted to inspect all the advertisements before the work went to the bindery, and the objectionable one was thus suffered to appear. We were wrong in supposing that one who advertises quack remedies—female regulating pills, etc.—in the daily press, would be able to make a distinction, unless under compulsion, in favor even of the old BUFFALO MEDICAL JOURNAL. This we became aware of when we forbade the insertion of any more such matter, and especially when our absence from the city was taken advantage of to smuggle in the same offensive circular in the January number. We were in Buffalo at the time of this last occurrence, engaged in the business which has resulted in the change now announced. Before this, we had supposed it possible to continue till the end of the volume under the then existing circumstances; though we saw the necessity of at that time purging the JOURNAL of an element so offensive to us and the profession. Seeing, however, the great injury daily suffered by the JOURNAL, we made up our mind that the publisher must be gotten rid of *at once;* and we therefore have done so. We are sorry to be thus forced to bring the private affairs of the JOURNAL into a place which should only be occupied by scientific matter; but we felt it our duty to let our subscribers know that we had never given up the right to sustain the character of the JOURNAL in all respects. That if our late publisher should in any way attempt to detract from the honor of the JOURNAL, to violate its chastity, we would *turn him out.* That *we* were not to be satisfied with disconnecting ourselves with such a publication as it would then be, but if necessary—and thank Heaven it is not necessary—we would play the part of the Roman father, and the publication should die.

As regards the present aspect of the JOURNAL, we desire to state that Mr. Mathews has no further connection with it whatever; nor is he connected with us in any way, as all business matters are now definitely closed. Mr. Mathews receives the subscriptions that may be paid on the *fourteenth* and *fifteenth* volumes; and our subscribers may look to us to supply them with the three numbers necessary to make the fifteenth volume complete. We do not receive anything from subscribers for the present volume, but at the *commencement of the next volume* subscriptions should be sent to Dr. J. H. DOUGLAS, Editor of the *American Medical Monthly and New York Review*, No. 12 Clinton Place, New York. The JOURNAL will contain eighty pages or more, instead of sixty-four; in consequence of which, no deduction

will be made hereafter for advance payment, making the price $3 per year, to be paid in advance.

The combined Journal is now issued, edited by Dr. DOUGLAS and ourselves jointly; but, for the benefit of our subscribers, for the next three months, *three numbers* will be paged successively with the numbers of the NEW YORK REVIEW, which they have already received; the cover will remain the same, and they will have a separate index at the end of the volume, as usual. They will receive eighty pages a month, during this time, instead of sixty-four. Our arrangements being necessarily considerably modified, we are compelled to omit this month the lecture of Dr. DALTON. This, however, is only temporary, and their publication will be resumed.

We hope that the arrangements which have been made will be satisfactory to our own subscribers; and we know that they will be benefited by the change. Our list is large, and composed of those who, many of them, have received our monthly issue for fifteen years; we have obligations to such men which cannot be ignored, and we hope and trust that we may always be permitted to fulfill these obligations, and that any change which we make in the JOURNAL may be for the better. To the subscribers of the *American Medical Monthly* we present our humble duty, praying that they may be as well satisfied with our labors as our older friends. AUSTIN FLINT, JR.

EDITOR OF THE MONTHLY—The following resignation was placed in the hands of the Faculty of the New York Medical College more than two months ago. To prevent any misapprehension that may exist in regard to the step I have taken, I have to ask the favor of the publication of the accompanying letter of resignation in the MONTHLY. H. G.

To the Faculty of the New York Medical College:

GENTLEMEN—Having put into the hands of the Trustees my resignation of the Chair held by me in the New York Medical College, to take effect at the close of the present term of Lectures, I now resign into your hands the Presidency of the Faculty, also to take effect at the close of this Course.

This step, which I have long contemplated, I feel compelled to take, inasmuch as my laborious professional duties, the duty I owe to a large family, and particularly a due regard for my health, will not allow me to discharge my duties to the College, with satisfaction to myself, or benefit to the School. The present period, moreover, seems a fit time for taking this course. A most efficient and excel-

lent corps of Professors the Trustees have now secured, and the indications of success, and of the future prosperous condition of the School, were never more promising than at the present time.

This step has been taken after mature deliberation, and with much regret at withdrawing from a School with which, from its origin, I have been connected, and over whose Faculty, through a period of ten years, I have had the honor of presiding. But, still more deeply do I regret a separation from colleagues with whom I have passed so many years of pleasant and agreeable intercourse in our mutual endeavors to advance Medical Science.

Wishing you, gentlemen, individually, happiness and prosperity, and earnestly hoping that increased and permanent success may attend the Institution with which you are connected,

I remain, respectfully, your ob't serv't, HORACE GREEN.

NEW YORK, *Jan. 2d*, 1860.

Seventh Annual Report of the Surgeons of the New York Ophthalmic Hospital.—Drs. Stephenson and Garrish, the Attending Surgeons, report ten hundred and ten patients during the year 1859, and over 7,000 since 1852. The following are a list of the operations performed during the last winter, and, in some instances, a number of times, viz: Cataract, Strabismus, Pterygrum, Entropium, Ectropium, Trichiasis, Fistula Lachrymalis, Symblepharon, Staphyloma, and Extirpation of the Eye, (after the method of Mr. Critchett, of London;) also, Bowman's Operation for Catheterizing the Nasal Duct, by slitting up the lachrymal canal, with perfect success. The ophthalmic class of students and practitioners in attendance was larger than usual during the last session.

THE AMERICAN MEDICAL ASSOCIATION will hold its Thirteenth Annual Meeting at New Haven, on the *first Tuesday of June*, 1860.

The Secretaries of local Societies, Colleges, and Hospitals, are requested to forward to the undersigned the names of delegates, as soon as they are appointed. STEPHEN G. HUBBARD, M.D., *Secretary*,

New Haven, Ct.

— The annual meeting of the New York State Medical Society, a complete report of the proceedings of which will be found in our pages, was one of unusual interest. The attendance, it is said, was larger than at any previous meeting of the Society. The inaugural address given by Dr. Barker, which we are obliged to omit on account of want of space, was eminently sound, and contained many practical suggestions. The closing remarks of the address, in which he expressed a hope "that the meetings of the session might be distinguished

for the number and value of its papers, for the ability and interest of its discussions, for the wisdom and discrimination of its legislative acts, and for the harmony of feeling and personal friendships which it engenders," was fully realized, and doubtless much of it was due to the exertions of the presiding officer. The forthcoming volume of Transactions will be a very valuable one.

— Two new medical journals have reached us during the last month. One from California, entitled *The San Francisco Medical Press*, and edited by DR. E. S. COOPER, Professor of Anatomy and Surgery in the University of the Pacific. It is to appear every other month, and contains sixty-four pages, at $2.00 a year. Dr. Cooper is well known, from his frequent contributions to various medical journals this side of the Rocky Mountains, and a journal under his direction cannot fail to give much and varied information.

The other new journal is edited by an old contributor to our own pages, and one who has done much service to the profession by his pen, as former editor to a valued Western medical journal. We are glad to welcome back DR. THOS. W. COLESCOTT to the pleasures of the editorial chair, and sincerely hope its trials may be lightened to him. The journal which he announces is called the *Louisville Medical Journal*, and is to be published monthly, containing sixty-four pages, at $3.00 a year. The first number gives promise of a valuable series.

— Dr. R. B. TODD, the eminent physiologist and physician, died the 30th of January last, in the 51st year of his life, from hæmorrhage of the stomach.

Dr. Todd was the son of a distinguished surgeon and professor in Dublin. He graduated at Trinity College of that city, went at an early age to London, and joined the College of Physicians. Soon after entering upon the duties of his profession in London he projected a work of great extent and reputation, the "Cyclopædia of Anatomy and Physiology," which was but recently completed. He also, with Mr. Bowman, commenced a work on the "Physiological Anatomy and Physiology of Man," which was also recently completed with the additional aid of Dr. Lionel S. Beale, the extensive and laborious practice into which Dr. Todd had gradually worked not affording sufficient time to devote to those minute investigations the subject demanded, and which had been the pleasure of the earlier and more quiet years of his professional life.

— The *Louisville Medical News* now appears once a month, instead of semi-monthly, and has changed its title accordingly. In every other respect it is the same as before.